



Grantseeker Training Spring 2009 Registration Form

FOUR WAYS TO REGISTER!

ONLINE foundationcenter.org/training/

CALL (800) 424-9836 with credit card information

FAX (212) 807-3691 for credit card orders, using this form

MAIL completed form with payment to:
Foundation Center

79 Fifth Avenue • New York, NY 10003

SPECIAL DISCOUNT

SAVE \$25 for each additional person
SAVE \$25 for each additional course

PLEASE NOTE: additional registrations must be made at the same time. Sorry, these offers do not apply to the *Grantseeker Training Institute*.

COURSE	DATE(S)	CITY	NO. OF ATTENDEES
Foundation Fundraising	_____	_____	___ x \$125 = _____
Proposal Budgeting Workshop	_____	_____	___ x \$195 = _____
Proposal Writing Seminar	_____	_____	___ x \$195 = _____
Developing a Fundraising Plan	_____	_____	___ x \$195 = _____
Cultivating Grantmaker Relationships	_____	_____	___ x \$195 = _____
Building a Fundraising Board	_____	_____	___ x \$195 = _____
Foundation Funding Research	_____	_____	___ x \$295* = _____
Grantseeker Training Institute	_____	_____	___ x \$795 = _____
Earned Income	_____	_____	___ x \$195 = _____
Securing Corporation Partnerships	_____	_____	___ x \$195 = _____
Outcome Thinking & Management	_____	_____	___ x \$195 = _____

*Course fee for Foundation Funding Research is \$195 for current annual subscribers to *Foundation Directory Online Professional or Platinum*. To register at the reduced fee, call (800) 424-9836.

SUBTOTAL _____

SPECIAL OFFER DISCOUNT _____

TOTAL _____

PLEASE NOTE: Payment must accompany registration. We will mail a receipt when your registration has been processed. Sorry, no refunds.

NAME/TITLE _____ 2ND NAME/TITLE _____

ORGANIZATION _____

ADDRESS _____ CITY/STATE/ZIP _____

DAYTIME PHONE _____ FAX _____

E-MAIL ADDRESS _____

METHOD OF PAYMENT

- I have enclosed check/money order payable to the Foundation Center in the amount of \$ _____.
- Charge \$ _____ to my: Visa MasterCard AMEX (U.S. banks only—no foreign currency accepted.)

CARD NUMBER _____ EXP DATE _____ SECURITY CODE _____

CARDHOLDER NAME _____ SIGNATURE _____