

Registration Form

Name _____

Job Title _____

Organization _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

E-mail Address _____

Telephone _____

Special Needs/Dietary Restrictions: _____

Please complete form and return with payment to:
 NCNA
 1101 Vermont Ave, NW
 Suite 1002
 Washington, DC 20005
 or fax to 202.962.0321

NOTE: All cancellation requests must be received by the close of business on April 15, 2008. Please note that all refunds will be issued less a \$50 administrative fee. Refunds will not be issued after April 15, 2008.

Organization Subsector (please circle primary role):

- | | | |
|-----------------------------|-------------------------------|----------------------|
| Arts, Culture, & Humanities | Human Services | Religion Related |
| Education | International/Foreign Affairs | Unknown/Unclassified |
| Environment & Animals | Mutual/Membership Benefit | |
| Health | Public/Societal Benefit | Other: _____ |

Organization Budget (please circle one):

- | | | |
|-----------------------|---------------------------|---------------------------|
| Under \$24,999 | \$250,000 - \$499,999 | \$5,000,000 - \$9,999,999 |
| \$25,000 - \$99,999 | \$500,000 - \$999,999 | \$10,000,000 and above |
| \$100,000 - \$249,999 | \$1,000,000 - \$4,999,999 | Not Sure/Not Applicable |

Registration Cost (per person) - Group rates only available when registering 2 or more attendees from one organization

- | | | | |
|---|-------|---|-------|
| <input type="checkbox"/> Individual Registration (through April 14) | \$475 | <input type="checkbox"/> Group Registration | \$440 |
| <input type="checkbox"/> Individual Late/On-site (after April 14) | \$625 | <input type="checkbox"/> Group Late/On-Site | \$590 |
- (Please fill out registration form for each attendee)

Additional Agenda Items (per person)

- | | | | |
|---|-------|------------------------------------|------|
| <input type="checkbox"/> One-Day Registration | \$225 | <input type="checkbox"/> Lobby Day | \$50 |
|---|-------|------------------------------------|------|
- Select one: June 2 June 3

Total Cost \$ _____

Payment Method

- | | | | |
|---|-------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Check (made payable to NCNA) | <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard | <input type="checkbox"/> American Express |
| Card # _____ | Exp. _____ | Security Code: _____ | |

Cardholder Name (if different from registrant): _____

Billing Address (if different from above): _____

Registration and more information are available online at <http://www.nonprofitcongress.org/meeting>