

Grantseeker Training Courses Registration Form

FOUR WAYS TO REGISTER!

ONLINE foundationcenter.org/training

CALL (800) 424-9836 with credit card information

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

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

NOTE: additional registrations must be made at the same time.

COURSE	DATE(S)	CITY	NO. OF ATTENDEES
After the Grant	_____	_____	___ x \$195 = _____
Building a Sustainable Nonprofit Organization	_____	_____	___ x \$195 = _____
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 and 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.

Billing information:

Check/money order enclosed in the amount of \$ _____ (U.S. banks only—no foreign currency accepted.)

Charge \$ _____ to my: Visa MasterCard AMEX

CARD NUMBER _____ EXP. DATE _____ SECURITY CODE _____

SIGNATURE _____

NAME _____

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

DAYTIME PHONE _____ FAX _____

Course Confirmation Address (if different from above):

NAME _____

ORGANIZATION/DEPARTMENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____