

Mail to:
CASE District V
Attn: Conferences
P.O. Box 791358
Baltimore, MD 21279-1358

FAX	CASE V FAX	TO: CASE V	FROM: _____
	No. of pages _____	DEPT: Registration	INST.: _____
		FAX 202.624.1766	PHONE: _____

Registrant Information and Payment of Fees

 Last Name*

 First Name*

 First Name (as you would like it to appear on name badge)

 Title* (refer to title and institution list, left, for abbreviations)

 Institution*

 Address

 City State ZIP

 Office Phone Number

 Office Fax Number (necessary for confirmation)

 E-mail Address* (necessary for confirmation)

**To be included in list of attendees*

All registration confirmations are automatically sent to the attendee's e-mail address and the alternate e-mail address listed here:

CASE ID Number: _____

Payment of Fees:

- This registration is part of a group registration. (All eligible registrations must be received as a group on the same day)
- This is an individual registration.
- To pay by institutional or personal check: Please enclose check made payable to "CASE V"
- To pay by institutional or personal credit card:
 - Visa MasterCard American Express

 Card Number

 Expiration Date

 Name on Card (Print)

 Signature (I authorize the balance due to be charged to my credit card.)

In Case of Emergency, contact: _____
 (optional)

Conference Attendance registration fees:

- By Nov. 2, 2009**
- Group Discount \$249
(five or more from the same institution)
 - CASE Member \$259
 - Special Affiliate Rate (ie. APRA)..... \$259
Your APRA membership will be validated.
 - Nonmember \$304
 - CASE member one day only..... \$204
 - Sunday Monday Tuesday
 - Nonmember one day Only \$234
 - Sunday Monday Tuesday

- Starting Nov. 3, 2009**
- Case Member..... \$309
 - Special Affiliate Rate (ie. APRA)..... \$309
Your APRA membership will be validated.
 - Nonmember \$354
 - CASE member one day only..... \$234
 - Sunday Monday Tuesday
 - Nonmember one day Only \$264
 - Sunday Monday Tuesday
 - Exhibit Hall Guest Badge \$10
 An Exhibit Hall Guest Badge can only be purchased by registered attendees.

 Guest Last Name

 Guest First Name

 First name (as you would like it to appear on name badge)

Conference registrations via mail or fax must be received by 5 p.m. Friday, Nov. 20, 2009. Online registration will remain open until Dec. 4, 2009. Attendees registering after Nov. 20, 2009 will not be included in the conference directory.

Pre-Conference workshop registration fees:

- Newcomer's Workshop (Sat. noon-5 p.m.) \$150
Newcomers must be registered by Nov. 20, 2009.

APRA Workshop: Using Relationship Management to Drive Campaign Success
 (Saturday, Dec. 12, 1-4 p.m. and Sunday, Dec. 13, 9-noon)

- With conference registration fee \$100
- Workshop only \$199

Sunday Pre-Conference Workshops..... \$100
9 a.m.-noon (Check one)

- Fundamentals of Magazine Production
- Have a Plan
- Donor Stability: What Factors Determine Who Gives, How Much and How Consistently
- Gift Planning in the Current Economic Climate
- Social Networking for Development and Alumni: Presentation, Case Study and Workshop
- Fundraising — The Birth of a Children's Health Initiative: Bricks, Boards, Brochures and Beyond

Special Events:

- Community College Luncheon (Mon.) \$25
- Independent Schools Luncheon (Mon.) \$25
- Executive in Advancement Breakfast (Tues.)..... \$25
- CASE V Grand Luncheon (Tues.) \$30
- Guest: CASE V Grand Luncheon (Tues.) \$50

TOTAL AMOUNT ENCLOSED \$ _____
 Registration cannot be accepted without payment of fees.

CASE Conference Participant's Census

- Number of years in advancement:**
- Current student 6-9 years
 - Less than three years 10-19 years
 - 3-5 years 20 years +

Is this your first CASE conference?

- Yes No
- If you answered 'no' above, how many CASE V conferences have you attended: 1-4 5 or more

Ethnicity: (optional)

- African American Hispanic
- Asian American Native American
- Caucasian Multiracial
- Other _____

Gender:

- Female Male

Institution:

- Two-year public Two-year private
- Independent School (Pre K-12)
- Four-year public Four-year private
- Graduate School Healthcare
- Professional School

Your primary area of responsibility:

- Advancement Services
- Governmental Relations
- Alumni Relations
- Communication/Marketing
- Fundraising/Philanthropy
- Overall Advancement Management

Number of alumni/friends records in your institutions database

- Less than 10,000 30,000-39,999
- 10,000-19,999 40,000-49,999
- 20,000-29,999 50,000+

Special Needs:

- Yes, I have special access or dietary needs. List: _____

Program emphasis you are most likely to attend:

- Advancement Services Executives in Advancement
- Alumni Community College/Independent School
- Communications Development Web

VOLUNTEER OPPORTUNITY

I can help at this year's conference with:

- Registration Hospitality
- Facilitate a Roundtable

Refunds may be made on conference fees only. All special event fees are non-refundable. All requests for refunds must be submitted in writing and received no later than 5 p.m. Friday, Nov. 20, 2009. Written cancellation requests will be accepted by fax at 202.624.1766 or e-mail at CASEDistrict5@meetingmgmt.com. For further information, call 202.624.1762. To maintain a low cost per registrant, CASE V is unable to offer refunds after Friday, Nov. 20, 2009, for any reason. No refunds due to injury, illness or inclement weather. Conference registration may be transferred to another member from your institution.

Thank you for completing this CASE Conference Participant's Census. We'll be using this information to help provide you with better professional development training in the future.

Exhibitors, Consultants, and Vendors should not use this form. Register online at: www.casefive.org/resourcecenter