

Conference Details

2011 Registrant Information and Payment of Fees

Last Name* _____

First Name* _____

First Name (for badge) _____

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

Institution* _____

Address _____

City _____ State _____ ZIP _____

Office Phone Number _____

Office Fax Number (necessary for confirmation) _____

E-mail Address (necessary for confirmation and will be included in list of attendees) _____

CASE ID Number: _____

(optional) In Case of Emergency, contact: _____

Special Needs:

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

Volunteer Opportunity

I can help at this year's conference with:

Registration Hospitality Facilitate a Roundtable

CASE Conference Participant's Census

Number of years in advancement:

Current student 3-5 years 10-19 years
 Less than three years 6-9 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

Gender: Female Male

Ethnicity: (optional)

African American Caucasian Native American
 Asian American Hispanic Multiracial
 Other _____

Institution:

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

Your primary area of responsibility:

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

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.

Titles		Institutions	
Asst	Assistant	Fndn	Foundation
Assoc	Associate	Giv	Giving
Advmt	Advancement	Instl	Institutional
Affrs	Affairs	Mgr	Manager
AnnFnd	Annual Fund	Offr	Officer
AnnGiv	Annual Giving	ParPrg	Parents Program
Alum	Alumni/ae	Per	Periodicals
Assn	Association	PlnGiv	Planned Giving
Camp	Campaign	PA	Public Affairs
Chanc	Chancellor	PR	Public Relations
Comm/s	Communications	Pubs	Publications
Coord	Coordinator	Relns	Relations
Corp	Corporate	VC	Vice Chancellor
Dir	Director	VP	Vice President
		Col	College
		Cmty	Community
		Fndn	Foundation
		Inst	Institute
		Poly	Polytechnic
		Sch	School
		Tech	Technical
		Theo	Theological
		Univ	University

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

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

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

Conference Attendance registration fees:

By Nov. 3, 2011

Group Discount (five or more from the same institution).....\$269
 CASE Member.....\$279
 Nonmember.....\$329
 CASE member one day only: Sunday Monday Tuesday.....\$229
 Nonmember one day only: Sunday Monday Tuesday.....\$259

Starting Nov. 4, 2011

Case Member.....\$329
 Nonmember.....\$379
 CASE member one day only: Sunday Monday Tuesday.....\$259
 Nonmember one day only: Sunday Monday Tuesday.....\$289

Additional Exhibit Hall Guest Badge can be purchased by registered attendees for only \$50!

Guest Badge.....\$50

Guest Last Name _____

Guest First Name _____

First name (for badge) _____

Conference registrations via mail or fax must be received by 5 p.m. Friday, Nov. 18, 2011. Online registration will remain open until Dec. 2, 2011. Attendees registering after Nov. 18, 2011 will not be included in the conference directory.

Pre-Conference workshop registration fees:

CASE V Institute for new Advancement Professionals (Sat. 11 a.m.-5 p.m.).....\$120

Sunday Pre-Conference Workshops: (8:30-11:30 a.m.)\$100

Choose one:

Individual Giving: Findings From the Most Recent Research at the Center on Philanthropy at Indiana University
 Campaigning Unmasked: An Interactive Workshop on Campaign Readiness
 Innovative Alumni Programs for Your Toolbox
 Million-dollar Words: Writing Workshop for Fundraisers

Special Events:

Executive Institute Luncheon (Mon.).....\$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.

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.) _____

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. 18, 2011. 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. 18, 2011, for any reason. **No refunds due to injury, illness or inclement weather.** Conference registration may be transferred to another member from your institution.