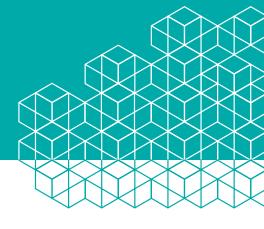
ENDOWMENTS & FINANCE SUMMIT



FINANCE SUMMIT OCTOBER 12-13, 2017

REGISTRATION FORM



How to register

Complete and return the registration form with preferred method of payment. If paying by:

- 1. Credit card, send the completed form to our secure fax line: 866 914 8107
- 2. Check, mail the completed form with payment to:

Council on Foundations PO Box 75674 Baltimore, MD 21275-5674

Registration customer service

Phone: 703.879.0600 | Email: registration@cof.org

Please note: Registrations are confirmed via email within 10 business days of receipt.

If you are a Council member you will be added to the Endowments and Finance Community on the Philanthropy Exchange.

Please check this box if you would like to OPT OUT of this online community.

Summit Location

CONVENE CONFERENCE CENTER (MIDTOWN WEST)

810 7th Avenue, 23rd Floor, New York, NY 10019

Accommodations

Attendees are invited to secure lodging at the location of their choice. Hotels near the Convene Conference Center include:

DREAM HOTEL MIDTOWN

210 W 55th Street, New York, NY 10019 dreamhotels.com

COURTYARD BY MARRIOTT NEW YORK MANHATTAN/CENTRAL PARK

1717 Broadway, New York, NY 10019 courtyard.marriott.com

NOVOTEL NEW YORK TIMES SQUARE

226 W 52nd Street, New York, NY 10019 novotel.com

To make a reservation, please contact your preferred accommodation directly.

PERSONAL INFORMATION

Full Name*	First Name/Nickname (for badge)*	
Organization*	Title*	
Mailing Address*	City/State/ZIP/Country*	
Email*	Phone*	Mobile
Organization URL		
*This information is no suring d		



FINANCIAL ADVISOR GUEST INFORMATION

Member and Non-member	\$99		
Networking Reception Only			
On or after September 1, 2017	\$699	•	
On or before August 31, 2017	\$549	Speaker	\$549
Member		Non-member	\$999
Full Summit (Includes Network	king Reception)		
RATES			
Organization		Organization URL	
Email		Title	
Full Name		First Name/Nickname (for badge)	
Networking Reception Access Only — \$99			
Attendees may register one guest including a Please note the no solicitation policy at the e			eption only.
NETWORKING RECEPTION GUE			
Organization		Organization URL	
Outsiteties		Overvienting UDI	
Email		Title	
Full Name		First Name/Nickname (for badge)	
If yes, please enter their contact information Registration will not be complete without a c			egistration@cof.org.
Will you be bringing a financial advisor to acc	company you? Ye	s No	
Attendees can invite a financial advisor – one peadvisors pay the same registration rate as the sp	-		
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EMERGENCY CONTACT

Please identify someone we can reach in case of an emergency during this event.

Contact Name* Relationship*

Phone Type* Mobile Home Work

Phone Number*

*This information is required.



SPECIAL NEEDS

Select all that apply:

Dietary

Diabetic

Food Allergy

Gluten-Free

Kosher

Non-Dairy

Vegan

Vegetarian

Other:

Hard of Hearing

ASL Interpreter

Visually Impaired

Digital Download

Other

A mobility assistant will

accompany me

A service animal will accompany me

Wheelchair

DEMOGRAPHIC INFORMATION

Please tell us about yourself and foundation so we may better curate the convening programming.

What is your gender identity?

Female

Male

Non-binary/third gender

Prefer not to say

What is your race/ethnicity?

Asian Pacific Islander

Black/African American

Hispanic/Latino

Native American/American

Indian/Alaska Native

White/Caucasian

(non-Hispanic/Latino)

Two or more races

Other

Prefer not to say

What is your role at your organization?

CEO/ED/President

Board member/Trustee

Chief Financial Officer

Chief Investment Officer

Financial staff

Other

What type of foundation are you affiliated?

Community

Corporate

Family

Independent

Individual

What is your Council membership status?

Voting member

Associate member

Not a member but considering

membership

Not a member and not considering membership

Unknown

How does your foundation manage finances and investments?

Internal staff

External advisor(s)

Hybrid of internal staff and external advisor(s)

If you selected internal staff, how many staff members support finance and investment work?

What is the asset size of your foundation?

\$50M or less

\$51M to \$110M

\$111M to \$500M

More than \$500M

How many years of experience do you have in foundation financial/investment management?

Less than one year

One year to five years

Six to 15 years

More than 15 years

Is your organization doing impact investing?

Yes

No

Not currently but we will implement within a year.

No but we are having discussions.

No launch date.

No and we do not intend to

What financial topics would you like the Council to further explore at summits or in webinars?

REGISTRATION CANCELLATION

All 2017 Endowments and Finance Summit registration cancellations must be submitted in writing to registration@cof.org. All cancellation requests received by September 12, 2017 will incur a \$150 administrative fee. No refunds will be issued on or after September 13, 2017

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I wish to receive information from exhibitors and sponsors*	Yes	No
I allow the Council to publish my name, title, and organization in the	Yes	No
conference registrant directories available to registrants and online*		

Disclaimer. By entering the event premises, you consent to interview(s), photography, audio recording, video recording and its/their release, publication, exhibition, or reproduction to be used for promotional purposes, advertising, inclusion on websites, social media, or any other purpose by the Council and its affiliates and representatives. Images, photos and/or videos may be used to highlight and/or promote similar Council events in the future. You release the Council, its officers and employees, and each and all persons involved from any liability connected with the taking, recording, digitizing, or publication and use of interviews, photographs, video and/or or sound recordings. You waive all rights you may have to any claims for payment or royalties in connection with any use, exhibition, streaming, or other publication of these materials.

REGISTRATION PAYMENT

Total Fees \$

I am paying by:

Check — Make payment payable to Council on Foundations and mail to Council on Foundations, PO Box 75764, Baltimore, MD 21275-5674.

Credit Card — Fax registration form with payment into to our secure fax line at 866.914.8107.

American Express

Visa

MasterCard

Please note: Registrations will not be processed without payment. Only credit card payments may be faxed.

I authorize the Council on Foundations to charge my credit card for the conference fees as indicated. If I have miscalculated the conference fees, I authorize the Council to make necessary adjustments and charge my card accordingly.

Name on Card*	Card Number*
Expiration Date*	Security Code*
Signature of Cardholder*	

NO SOLICITATION: The Council on Foundations maintains a no-solicitation policy covering all of its conferences, meetings, webinars and other events. Violations of this policy will not be tolerated in any manner whatsoever. The policy can be read in its entirety on our website at cof.org.

*This information is required.