

## 2016 Give and Gain Conference Registration Form

First/Last Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about the Give and Gain Conference? \_\_\_\_\_

| Type of Registration                       | Before 8/15/16 | After 8/15/16 |
|--------------------------------------------|----------------|---------------|
| <input type="checkbox"/> AFP Member        | \$85.00        | \$100.00      |
| <input type="checkbox"/> NPPP Member       | \$85.00        | \$100.00      |
| <input type="checkbox"/> AFP & NPPP Member | \$85.00        | \$100.00      |
| <input type="checkbox"/> Non-Member        | \$100.00       | \$125.00      |

Non-Members: Would you like to be on our mailing list? ☐ AFP Only ☐ NPPP Only ☐ Both AFP and NPPP

### Which 10:30 a.m. session would you like to attend?

- ☐ "Fire Up Your Board Fundraising!"  
☐ "Collaborating with Donors and Advisors"  
☐ "Staying on Track as a Gift Officer"

### Which 2 p.m. session would you like to attend?

- ☐ "Online Tools that Help Nonprofits Learn, Listen and Engage"  
☐ "Auditing Your Development Program"  
☐ "Blueprint for a Successful CGA Program"

**Payment Options:** ☐ VISA ☐ Mastercard ☐ American Express ☐ Paying By Check\*

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Billing Address of Card \_\_\_\_\_

City/State/Zip (of billing address of card) \_\_\_\_\_

Security Code From Card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

*\* Make check payable to AFP Nebraska*

Note: When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we process the check, funds may be withdrawn from your account as soon as the same day we receive your payment. You will not receive your check back from your financial institution.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Mail completed form to:** AFP Nebraska • PO Box 24133 • Omaha, NE 68124  
**OR FAX TO:** 402-397-0283 • **Questions?** Email [afpnebraska@cam-omaha.com](mailto:afpnebraska@cam-omaha.com) or call  
AFP Nebraska Chapter Administrator Joe Pittman at 402-397-0280.

Refunds for cancellations before Sept. 9, 2016 may be granted upon written request and decision of conference management, less an administrative fee of \$25. No refunds for cancellations or "no shows" after Sept. 9; however, you may send a substitute.