

SEIZE THE OPPORTUNITY

FOR MAJOR AND PLANNED GIFT FUNDRAISERS

2021 Seminars for Fundraisers

(photocopy this form for additional registrants)

Fees, Dates and Locations

Standard Individual Registration: \$1540 US
Group rate (4 or more): \$1530 US
CEO or Supervisor: \$1520 US

Nashville, Tennessee

September 13-15

The Nashville Marriott at Vanderbilt University
2555 West End Ave, Nashville, TN 37203
615.321.1300

Seminar group room rate: \$219 plus tax.
Last date for group rate is Thursday, August 12.

Costa Mesa, California

October 4-6

The Westin South Coast Plaza
686 Anton Blvd, Costa Mesa, CA 92626
855.680.3239

Seminar group room rate: \$199 plus tax.
Last date for group rate is Monday, September 13

Cincinnati/Covington, Kentucky

November 1-3

The Marriott Cincinnati RiverCenter
10 West RiverCenter Blvd, Covington, KY 41011
859.261.2900

Seminar group room rate: \$169 plus tax.
Last date for group rate is Sunday, October 10.

Your registration fee includes:

Breakfast and lunch on all days, and reception from 5:00-6:00pm on day one.

Please call our office (800-234-7777) with questions regarding which rates may apply to your group or how best to register.

Complete this form and return it to the Institute along with your check. To pay with a credit card or purchase order, scan and email your application with your signature and the appropriate information to icg@instituteforgiving.org

Please call us if you do not receive written confirmation from ICG within three weeks. Enroll early. Space is limited. To help eliminate errors, please include each registrant's business card.

Should you be unable to attend after payment is received, a substitute participant may attend or you may request a credit toward a future Seminar. Refunds can be made for cancellations received one month prior to each Seminar. Cancellations received less than 30 days prior to each Seminar will be refunded at fifty percent of the fee.

(Please print or type) Check if an Alumnus/ae

Your Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Fax (_____) _____

E-mail (if available) _____

Preferred name on name tag _____

Name you wish on certificate _____

Course Information

Course Title _____

Course Location _____ Date _____

Course Registration Fee: \$ _____

Course Title _____

Course Location _____ Date _____

Course Registration Fee: \$ _____

Course Billing

Enclosed are Registration Fees totaling \$ _____

Check enclosed payable to: Institute for Charitable Giving

Please bill my: VISA MasterCard

Our purchase order is attached

Credit Card# _____

Name of the Card# _____

Expiration Date _____ Today's Date _____

Signature _____

Email or mail form and check to:



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(800) 234-7777 | E-mail: icg@instituteforgiving.org