

SEIZE THE OPPORTUNITY

FOR MAJOR AND PLANNED GIFT FUNDRAISERS

Fees, Dates and Locations

Standard Individual Registration: \$1750 US

Group Rate for 4-5 (ea. registration) **\$1700 US**

Group Rate (6 or more): Call for group rates
800.234.7777

Costa Mesa, California

May 1-3, 2023

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

Hotel special group room rate: \$209 plus tax. *Cut off date: April 3, 2023.*

Chicago, Illinois

November 13-15, 2023

The Westin Michigan Avenue
909 Michigan Avenue
Chicago, Illinois 60611
312.943.7200

Hotel special group room rate: \$230 plus tax. *Cut off date: October 20, 2023*

Registration fee includes:

Breakfast and lunch each day and reception on Monday.

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.

2023 Seminars for Fundraisers

attend. learn. connect. excel.

(photocopy this form for additional registrants)

(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:



INSTITUTE FOR CHARITABLE GIVING

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