



# REGISTRATION SEIZE THE OPPORTUNITY FOR MAJOR GIFT FUNDRAISERS

(photocopy this form for additional registrants)

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

## Registration Fees

Individual Registration: \$1,895 US  
Group Rate 4 or more: \$1,850 US  
Group Rate 6 or more: \$1,825 US

### Costa Mesa, CA • May 5-7, 2025

The Westin South Coast Plaza  
686 Anton Blvd., Costa Mesa, CA 92626  
714-540-2500  
Hotel special group room rate: \$229 plus tax.  
Cut off date for booking: April 11, 2025.

#### Registration fee includes:

Breakfast and lunch on Monday and Tuesday.  
Reception on Monday evening from 5pm - 6pm.

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](mailto: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. Or, fifty percent of the fee may be applied to a future Seminar.

#### Payment:

Register and pay online at <https://cart.instituteforgiving.org/index.php/cPath/25> or scan QR Code. If paying with a credit card, we accept Visa & MasterCard.

Your Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email (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**  
If paying by check or purchase ordered, scan and email registration form to [icg@instituteforgiving.org](mailto:icg@instituteforgiving.org)

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**  
Post Office Box 729, Ridgefield, CT 06877

(800) 234-7777 | Email: [icg@instituteforgiving.org](mailto:icg@instituteforgiving.org)

