

ENDOWMENTS & 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:

- Credit card**, send the completed form to our secure fax line: 866.914.8107.
- 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 required.



FINANCIAL ADVISOR GUEST INFORMATION

Attendees can invite a financial advisor – one per organization – who is not a full-time employee to attend the convening with them. Financial advisors pay the same registration rate as the sponsoring attendee. Please note the no-solicitation policy at the end of this registration form.

Will you be bringing a financial advisor to accompany you? Yes No

If yes, please enter their contact information below and request a Financial Advisor registration form from registration@cof.org. Registration will not be complete without a completed form or payment.

Full Name First Name/Nickname (for badge)
Email Title
Organization Organization URL

NETWORKING RECEPTION GUEST INFORMATION

Attendees may register one guest including a spouse or partner to accompany them to the Networking Reception only. Please note the no solicitation policy at the end of this registration form.

Networking Reception Access Only – \$99

Full Name First Name/Nickname (for badge)
Email Title
Organization Organization URL

RATES

Full Summit (Includes Networking Reception)

Member		Non-member	
On or before August 31, 2017	\$549	Speaker	\$999
On or after September 1, 2017	\$699		\$549

Networking Reception Only

Member and Non-member \$99

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*

Comments

**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

CONSENT AND WAIVER

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

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*

**This information is required.*

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.

