

# National Capital Philanthropy Day



Presented by: **The Association of Fundraising Professionals/Washington DC Metro Area Chapter**  
**November 1, 2007 • 11:00 am - 2:00 pm • Marriott Wardman Park Hotel, Washington, DC**

## Registration Form 2007 – General Seating

- I would like to purchase \_\_\_\_ ticket(s) at \$75 each for a total of \$\_\_\_\_\_.
- I would like to purchase \_\_\_\_ table(s) at \$1,500 each for a total of \$\_\_\_\_\_ as a Friend.  
*(Friends will receive a table for 10 with signage, and recognition in the program book and PowerPoint presentation.)*

Name of Person / Credential <small>(for name badge)</small>	Name of Organization <small>(for name badge)</small>	E-mail of Person <small>(required for confirmation notice)</small>	Special Meal <small>(i.e. dairy free, vegetarian)</small>
You may also submit this information online at <a href="http://www.afpdc.org">www.afpdc.org</a> .			
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## Payment Information

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Check enclosed     Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Credit Card Type:     Visa     MasterCard     American Express    Total Due: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Please make checks payable to "AFP/DC" and note "NCPD Registration 2007" on the memo line. To receive recognition in program materials, you must return this form and payment by **October 1, 2007**, to: AFP/DC, 8201 Greensboro Drive, Suite 300, McLean, VA 22102.  
 To ensure that each of your guests has his/her own name badge, please provide all guest names by **October 15**. All name badges may be picked up at the registration counter on the day of the event.