

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

Co-Convener Commitment Form 2007

Co-Conveners are determined by invitation only. If you would like to be considered as a Co-Convener, please contact Jeff Kost, Immediate Past President of AFP/DC, at president@afpdc.org.

We pledge \$1,500 as a Co-Convener organization.

To be included in the printed program, our check for \$1,500 will arrive at the AFP/DC office no later than October 1, 2007.

Enclosed is our check for \$1,500.

Please make checks payable to AFP/DC and note "NCPD Co-Convener 2007" on the memo line.

Name of Organization (as it should appear in the program)

Contact Name

Address

City

State

Zip

Telephone

Fax

E-mail

Signature of primary contact

Title

Date

Co-conveners will be recognized in the National Capital Philanthropy Day program and are entitled to a table for 10 at the event to be held on Thursday, November 1, at the Marriott Wardman Park Hotel in Washington, DC.

To be included in the program, AFP/DC must receive your Commitment Form by October 1, 2007.

Return this form (and your payment) to:

Philanthropy Day Co-Convener Committee
AFP/DC, 8201 Greensboro Drive
Suite 300, McLean, VA 22102

Phone: **703.610.9023**
Fax: **703.610.9005**
E-mail: **info@afpdc.org**

Registration Form 2007 – Co-Convener

I have been invited to be a co-convener
(Co-Conveners are entitled to a table for 10.)

Name of Person / Credential (for name badge)	Name of Organization (for name badge)	E-mail of Person (required for confirmation notice)	Special Meal (i.e. dairy free, vegetarian)
You may also submit this information online at www.afpdc.org .			
1			
2			
3			
4			
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10			

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 Co-Convener 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.

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