

2017 Chicago Nonprofit Conference
August 28 - 30, 2017
Renaissance Chicago Downtown Hotel

Please enter the Keycode found on your marketing promotion.
Keycode: _____

MEMBER NONPROFIT GROUP DISCOUNT REGISTRATION FORM

■ **Fax:** 212.790.1406
■ **Phone:** 212.790.1500

For inquiries, contact customer service at 212.790.1500 or via e-mail at customerservice@thedma.org.

■ **Mail:** DMA Customer Service
1333 Broadway, Suite 301
New York, NY 10018

Special Group Discount for Member Nonprofit Organizations

Attendees from member nonprofit organizations that register as a group (three or more) are eligible to receive the discounted rate of \$499 per person. To take advantage of this special offer, you must fill in this group discount registration form and fax to 212.790.1406 or call customer service at 212.790.1500. Registrations must be submitted at the same time. This discount is applicable to nonprofit members only.

Primary Contact : _____ **Title:** _____
Company: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Telephone: () _____ **Fax:** () _____
Email: _____

Attendee #1

Name: _____ **Title:** _____
Email: _____ **Phone:** _____

Attendee #2

Name: _____ **Title:** _____
Email: _____ **Phone:** _____

Attendee #3

Name: _____ **Title:** _____
Email: _____ **Phone:** _____

Attendee #4

Name: _____ **Title:** _____
Email: _____ **Phone:** _____

	FEES	QUANTITY	TOTAL
CONFERENCE ONLY			
Member Nonprofit Group Discount (<i>per person</i>)	<input type="checkbox"/> \$499		\$
CONFERENCE & WORKSHOP			
Member Nonprofit Group Discount (<i>per person</i>)	<input type="checkbox"/> \$599		\$
POWER NETWORKING RECEPTION*			
Nonprofit Attendee (<i>per person</i>) — <i>Reservations must be made by 8/25/17</i>	<input type="checkbox"/> \$35		
	<input type="checkbox"/> \$30 before 3/18/17		\$

Full payment is required. All checks should be made payable to the DMA Nonprofit Federation. The following credit cards are accepted: American Express, Discover, MasterCard, and Visa. DMA & Affiliate membership will be verified and charged accordingly.

* You **MUST** be a registered conference attendee to purchase a ticket to the Power Networking Reception event. Please sign up by **August 25, 2017**, as tickets will not be sold on-site.

Payment Type

Visa MasterCard American Express Discover Card Check # _____

Credit Card: _____ Expiration: _____ Today's Date: _____

Amount Paid: \$ _____ Today's Date: _____ Cardholder's Signature: _____

Cancellation/Transfer Policy

Please visit www.dc.dmanf.org for a comprehensive description of the cancellation and other conference policies.

Special Needs

Please check here if you have any special requests that meet the Americans with Disabilities Act, dietary requests, or other requirements. We will contact you.