

GRANT WRITING AND FUNDRAISING CONFERENCE REGISTRATION FORM

(Please Print)

Today's Date:			For Office Use Only:			
PARTICIPANT INFORMATION						
Last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Type of Grant that you are applying for: Federal <input type="checkbox"/> State <input type="checkbox"/> Foundation <input type="checkbox"/>
Do you have an existing program? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the name of your institution or Agency?		(Telephone Number):		Fax #:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:						
P.O. box:		City:		State:	ZIP Code:	
Your Title:		Who wrote your current proposal? <input type="checkbox"/> Me <input type="checkbox"/> A consultant <input type="checkbox"/> N/A		Who will write your new proposal? <input type="checkbox"/> I will <input type="checkbox"/> A consultant <input type="checkbox"/> I need a recommendation		
What is your Email Address?		<input type="checkbox"/> I have grant writing experience.		<input type="checkbox"/> I have some grant writing experience		
<input type="checkbox"/> I have no grant writing experience.		<input type="checkbox"/> I will need to have my grant reviewed.		<input type="checkbox"/> I will not need to have grant reviewed.		
How long have you served in your current position?						

OTHER CONCERNS		
(List three concerns or topics that you would like to have addressed during the workshop)		
1.		
2.		
3.		
Please email a copy of your current proposal if you would like to have it critiqued to : mailbox@virtualsolutiongroup.com		
Please list the names of other professionals who may be interested in this workshop.		
• Name:	Institution:	Email Address:
• Name:	Institution:	Email Address:
• Name:	Institution:	Email Address:

PAYMENT INFORMATION *SUBJECT TO SEATING BEING AVAILABLE (IF PAYING AT REGISTRATION)		
<input type="checkbox"/> Please bill my: <input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		
Acct: #	Exp. Date	3 or 4 digit CVV
Signature: _____		

Phone	Internet
(800) 215-1306 Ext. 0 or 201 Office Hours: 9 a.m. to 5 p.m. M-F	http://www.virtualsolutiongroup.com E-mail: mailbox@virtualsolutiongroup.com Register online using your credit card (Secure Privacy)
Registration Price \$199.00 Group Discount: \$170 per person (3 or more) For Questions Please Contact Us At 1(800) 215-1306	In order to receive a partial refund of your registration fee, your cancellation request must be received in writing, postmarked prior to February 10, 2017. A \$50 administrative fee will be charged for all cancellations, regardless of the reason for the cancellation (including medical emergencies). No refund of any kind, for any reason, will be given for cancellations requests received after Feb. 10, 2017. VSG cannot make exceptions to this policy.