



**APPLICATION - LEARN NOW, PAY LATER PROGRAM for the 2018 PSI Conference on Philanthropy**

Before completing this form, **BOOK your Room** so the amount of lodging credit you are requesting on Page 4 is accurate (**will depend on availability**). Use your credit card to complete the reservation. PSI will inform the hotel to switch your reservations to the NAD Master Account upon Approval.

**ATTENDEE Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Signature** \_\_\_\_\_ **\*Email** \_\_\_\_\_

**\*Cell** (Required for Consultation & APP) \_\_\_\_\_ **Office** \_\_\_\_\_

**\*APPOINTMENT REQUESTED FOR CONSULTATION WITH AN EXPERT:** \_\_\_ \*Yes \_\_\_ No **DAY** \_\_\_\_\_

**\*I WANT TO SIGN UP FOR THE PSI CONFERENCE APP:** \_\_\_ \*Yes \_\_\_ No

**I'M ATTENDING:** \_\_\_ Pre-Conference Workshop (TU) \_\_\_ 2-Day Spanish Training (TU-W) \_\_\_ Full Conference (TU-FRI)

**WORKSHOP (TU):** \_\_\_ Basic Fundraising Spanish \_\_\_ Fundamentals of Fundraising \_\_\_ Strategic Donor Retention  
\_\_\_ Major Gift Success with Lean Six Sigma Principles \_\_\_ Personality Testing and Application for Fundraisers

**AWARDS MEAL (TH):** \_\_\_ Gluten Free \_\_\_ Vegan \_\_\_ Vegetarian \_\_\_ Standard Diet \_\_\_ Special Need \_\_\_\_\_

**GUEST MEAL (TH):** \_\_\_ Gluten Free \_\_\_ Vegan \_\_\_ Vegetarian \_\_\_ Standard Diet \_\_\_ Special Need \_\_\_\_\_

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**EMPLOYING ORGANIZATION** \_\_\_\_\_

**PRESIDENT** Name \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TREASURER** Name \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Office \_\_\_\_\_ Date \_\_\_\_\_

**HOW DID YOU HEAR ABOUT THIS CONFERENCE** \_\_\_\_\_

**FINANCIAL BREAKDOWN:**

\*Registration Rate \_\_\_\_\_ x persons \_\_\_\_\_ = \_\_\_\_\_ **\*(Base Rate Applies)**

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\*Room Rate \_\_\_\_\_ x Nights \_\_\_\_\_ = \_\_\_\_\_ **\*(Taxes & Fees Addt'l)**

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Guest Awards Luncheon Tickets # \_\_\_\_\_ X \$45 = \_\_\_\_\_

Grand Total deferred until Dec. 31, 2019 is: \$ \_\_\_\_\_

**INVOICE TIMING:**

Bill Date \_\_\_\_\_ Percentage \_\_\_\_\_ Dollar Amount \$ \_\_\_\_\_

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Bill Date \_\_\_\_\_ Percentage \_\_\_\_\_ Dollar Amount \$ \_\_\_\_\_

**Approval Signature of PSI Finance Manager & Date** \_\_\_\_\_

**PLEASE RETURN TO:** [randyfox@nadadventist.org](mailto:randyfox@nadadventist.org) or call 443-391-7168 with questions.