

GRANTMAKERS IN HEALTH ANNUAL MEETING ON HEALTH PHILANTHROPY

Register by Monday, February 18.

CONTACT INFORMATION:

Please print. Do not use abbreviations.

NAME _____

BUSINESS TITLE _____

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE / ZIP _____

ORG. PHONE _____

ORG. FAX _____

E-MAIL _____

WEB ADDRESS _____

This information will be used in meeting materials.

PLEASE SIGN ME UP FOR THE FOLLOWING:

Annual Meeting:

- GIH Funding Partners \$775 \$ _____
- Non-Funding Partners \$1,550 \$ _____
- Additional guest(s) for Thursday
Evening Reception:
 - One Guest \$125 \$ _____
 - Two Guests \$200 \$ _____
 - Three Guests \$250 \$ _____

Guest names: _____

Preconference Session:

The Art & Science of Health Grantmaking

- GIH Funding Partners \$200 \$ _____
- Non-Funding Partners \$300 \$ _____

Site Visits:

Designing, Building, and Maintaining Healthy Places; and Expanding Access to Integrated Care through School-Based Health Centers

- GIH Funding Partners \$25 \$ _____
- Non-Funding Partners \$50 \$ _____

Total \$ _____

OTHER INFORMATION:

- This is my first time attending a GIH annual meeting.
- Please send me information on the GIH Marketplace.
- Please indicate any special needs requiring our attention such as dietary restrictions or disabilities.

Would you like to be included in the mobile attendee directory?
Your name, title, organization, and e-mail will be listed.

- Yes No

PAYMENT:

- Enclosed is my check, made payable to
Grantmakers In Health
- Charge to my:
 - American Express Visa MasterCard

CARD #

EXPIRATION DATE

CARDHOLDER'S NAME (please print)

CARDHOLDER'S SIGNATURE

Your signature indicates agreement to pay the fees with the credit card number above.

BILLING ADDRESS (if different from above)

SEND COMPLETED REGISTRATION FORM AND PAYMENT TO:

**GIH 2013 Registration
c/o Executive Events**

6325 Gunpark Drive, Suite C
Boulder, CO 80301
Phone: 877.887.7172
Fax: 303.530.2691 or 866.483.0164

Please do not send registration forms or payment to the GIH office in Washington, DC.