

# registration information

online registration is available at [www.gih.org](http://www.gih.org)

## Annual Meeting on Health Philanthropy

Hyatt Regency Century Plaza | February 27 – 29, 2008 | Los Angeles, California

### How to Register

Register on-line at [www.gih.org](http://www.gih.org). Follow the links to the GIH 2008 Annual Meeting section to use our secure Web site to expedite your registration and ensure your participation in the 2008 annual meeting. **Register by February 5, 2008, to avoid late fees.**

Meeting attendees may also register by fax or mail, using the registration form in the meeting brochure. Please complete one form for each individual attending. When completing the form, please print and do not use abbreviations.

### Payment

Annual meeting fees are \$675 for GIH Funding Partners and \$975 for non-Funding Partners. Payment must accompany the registration form in order to be processed. Purchase orders and telephone registrations are not accepted.

Visa, MasterCard, and American Express may be used for on-line registrations, as well as those sent

by mail or fax. If paying by credit card, please provide complete card information. Checks are also accepted for meeting registration fees and should be made payable to Grantmakers In Health.

If registering by fax or mail, send completed registration form and payment to:

**GIH 2008 Registration  
c/o Executive Events  
6610 Gunpark Drive, Suite 200  
Boulder, CO 80301  
Fax: 303.530.2691 or 866.483.0164**

**Please do not send registration forms or payment to GIH's office in Washington.**

### Confirmations

Confirmation e-mails will be sent to every individual who registers before February 5, 2008. This notification will act as your official receipt and will outline the details of your registration, including any sessions requiring additional fees.

Registrations received after February 5 will not receive confirmation but will be processed and ready when you arrive on site.

### Late Fees and Cancellations

A late fee of \$100 will be charged to participants whose registration forms are postmarked or faxed **after February 5, 2008.**

Pending availability, on-site registration will be accepted with a surcharge of \$100. This fee is in addition to the \$100 late fee.

Cancellations in writing, either postmarked or received by fax no later than February 5, 2008, will receive a refund, less a \$100 administrative fee. No requests for refunds after this date will be accepted; however, a substitute participant may attend the meeting by notifying GIH in advance.



# 2008 annual meeting registration form

please print. do not use abbreviations.

Name \_\_\_\_\_

Business Title (for example President, Program Officer) \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Organizational Phone \_\_\_\_\_ Organizational Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web Address \_\_\_\_\_

Please indicate any special needs requiring our attention, such as dietary restrictions or disabilities.

## Please sign me up for the following:

### Annual Meeting

- |   |             |          |
|---|-------------|----------|
| <input type="checkbox"/> Funding Partner  | \$675       | \$ _____ |
| <input type="checkbox"/> Non-Funding Partner  | \$975       | \$ _____ |
| <input type="checkbox"/> Late Fee (for registration after February 5, 2008)               | \$100       | \$ _____ |
| <input type="checkbox"/> Additional Guest for Event at Sony Pictures Studios' Main Street | \$125/guest | \$ _____ |
| Guest's name _____  |             |          |

### Preconference Sessions | Wednesday | February 27 | 9:00 am - 1:00 pm | (Limited Attendance)

- |   |              |          |
|---|--------------|----------|
| <input type="checkbox"/> Understanding Poverty: The Community Action Poverty Simulation                               | \$150        | \$ _____ |
| <input type="checkbox"/> Health Information Technology: A Tool for Transforming Health Care Delivery                  | \$150        | \$ _____ |
| <input type="checkbox"/> Essential Roles for Health Foundation Trustees: Providing Leadership, Direction, and Insight | \$150        | \$ _____ |
|   | <b>Total</b> | \$ _____ |

Please send me information on submitting materials for the GIH Marketplace.

This is my first time attending a GIH annual meeting.

### 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 your agreement to pay the fees with the credit card number above.

Billing Address \_\_\_\_\_

(If different from above)

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