

ANNUAL MEETING ON HEALTH PHILANTHROPY
REGISTRATION FORM
 CHAMPIONSGATE • ORLANDO • MARCH 10-12, 2010

2010 GIH ANNUAL MEETING ON HEALTH PHILANTHROPY

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

- Funding Partner \$675 \$ _____
- Non-Funding Partner \$1095 \$ _____
- Late Fee \$150 \$ _____
 (for registration after February 12)
- Additional guest for \$50/
 Happy Hour guest \$ _____
 with Colleagues

Guest name: _____

Preconference Sessions

- The Role of Mission-Related Investing in Health Care Philanthropy \$250 \$ _____
- Charting a Healthy Life Course for Children \$250 \$ _____

Total \$ _____

OTHER INFORMATION:

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

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 2010 Registration
 c/o Executive Events**

4665 Nautilus Court, Suite 502
 Boulder, CO 80301
 Fax: 303.530.2691 or 866.483.0164

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