

Professional Development and
Networking for Nonprofit Fundraisers

Registration

Workshop Name Workshop Date Workshop Location

Name Title Email

Organization

Address

City State Zip

Phone Fax

Additional registrations from my organization:

Name Title Email

Name Title Email

Name Title Email

Name Title Email

Total payment: \$ _____


Enclosed is my check payable to CONFR

Please bill my Mastercard VISA

Card # Exp. Date

mail to: **CONFR**
PO Box 3514
Concord, NH 03302-3514



 For more information, call CONFR at **603-724-6741**, or visit our web site at **www.confr.org**

**Professional Development and
Networking for Nonprofit Fundraisers**