



AFG Program Registration

July 9, 2009 11:30 AM – 1:30 PM

Comparing Organizations: The Results from the AFG Benchmark Survey

PRESENTERS:

Mary Bet Dobson
Assistant Director, Development
American Chemical Society

David M. Coyne, CFRE
Executive Vice President
The Sheridan Group

LOCATION: **Bank of America Building**, 730 15th Street, NW, on the 10th Floor.
Check in with Security at the door on 15th St.
The nearest Metro is McPherson Square.

RSVP by July 6: Registration form attached.

How does my organization stack up? Do you wonder how your foundation or fundraising program compares with other programs? Would it be helpful to know what are the major trends in the association foundation world? Join us on July 9 for a lively discussion led by two past AFG presidents about the results and implications of the most recent AFG benchmark survey.

Over 170 foundation fundraising professionals responded to more than 60 questions about their organization, its structure and fundraising. This is a great program to bring that staff person or board member who is always asking how your organization compares to other programs, you are sure to come away with practical advice and inspiration to use immediately.

MARK YOUR CALENDARS NOW FOR THESE

2009/10 PROGRAM DATES:

September 10, October 8, November 12, December 17



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REGISTRATION

Complete this form and fax to the AFG HQ office at 703-971-7772 or reply via e-mail to afghqtrs@afgnet.org. Reservations are required by 12:00 noon Monday, Jul. 6. If you must cancel your reservation, please do so before 12:00 noon Tuesday, Jul. 7 to avoid being invoiced.

Call 703-971-4011.

NAME _____ PHONE _____
ORGANIZATION _____
FAX _____ EMAIL _____

AFG MEMBER BONUS!

Bring a non-member colleague as a first-time attendee for the AFG Member Rate of only \$45.00!

GUEST _____ ORGANIZATION _____

PAYMENT

MEMBER #__ x \$45 NON-MEMBER #__ x \$55 TOTAL DUE \$ _____

- I will mail a check made (payable to AFG) to the AFG Hq. Office by July 3, 2009
- I will pay at the door
- Charge my Visa/MasterCard __ or American Express __

Card number _____ Expiration _____

Billing Zip _____

Signature _____