

2015 New York Nonprofit Conference August 4 - 5, 2015 New York Hilton Midtown | New York, NY

Keycode:	
Please enter the Keycode found on your marketing	
promotion.	

REGISTRATION FORM

4 WAYS TO REGISTER ■ Online: www.ny.dmanf.org ■ Fax: 212.302.7643 ■ Phone: 212.790.1500	1120	Mail: DMA Customer Service 1120 Avenue of the Americas New York, NY 10036		
For questions/inquiries, contact customer service at 212.790.1500 or via email at customerservice@the-dma.org.				
Please print clearly.				
Name:Title:				
Company:				
Address:				
City:				
Telephone: ()				
Email:	_			
Full payment is required. All checks should be made payable to the DMA Nonprofit Federation. The following credit cards are accepted: American Express, Discover, MasterCard, and Visa. DMA & Affiliate membership will be verified and charged accordingly.				
Fees:	Early Bird by 7/6/15	Regular (7/7/15 - 7/28/15)	After 7/28/15	
CONFERENCE				
DMA Nonprofit Federation Member	□ \$549	□ \$589	□ \$629	
DMA Member	□ \$629	□ \$679	□ \$719	
Non-Member	□ \$779	□ \$829	□ \$879	
Special Nonprofit Group Discount (per person)	□ \$499	□ \$499	□ \$499	
POWER NETWORKING RECEPTION*				
Nonprofit Attendee	□ \$35	□ \$40	*	
Commercial Attendee	□ \$55	□ \$60	*	
* You MUST be a registered conference attendee to purchase a ticket to the Power Networking Reception event. Please sign up by July 28, 2015 , as tickets will not be sold on-site.				
SPECIAL NONPROFIT GROUP DISCOUNT: MEMBER Nonprofit Attendees that register as a group (3 or more) are eligible to receive a discounted rate of \$499 for the entire conference. Group registrations must be submitted at the same time. The group discount ONLY applies to domestic and international nonprofit members. To take advantage of this special offer, you must fax registrations to 212.391.1532 or call customer service at 212.790.1500.				
FUNDRAISING EXPERIENCE				
How would you rate your nonprofit fundraising expertise? ☐ Beginner ☐ Intermediate ☐ Advanced				
Payment Type:VisaMasterCardAmerican ExpressDiscover CardCheck #				
Credit Card:Expiration Date:				
Amount Paid: \$Today's Date:Cardholder's Signature:				
CANCELLATION POLICY: Please visit ny.dmanf.org for a description of the cancellation and other conference policies.				

Special Needs

__Please check here if you have any special requests that meet the Americans with Disabilities Act, dietary requests, or other requirements. We will contact you.