

Putnam-Montgomery Nonprofit Learning Series 2018 Registration Form

Thank you for registering! We look forward to seeing you this year! Please print clearly. When you complete this form, please mail or bring to: Putnam County Community Foundation, 2 S Jackson St., Greencastle, IN 46135 with your payment. Within a few days, you will receive registration confirmation from Indiana United Ways Outreach Manager, John Ferguson. If you have any questions, please contact Tanis Nicklasch at tnicklasch@pcfoundation.org or call 765.653.4978.

First Name: _____ Last Name: _____
PLEASE USE YOUR LEGAL FIRST NAME

Phone # w/ Area Code: (_____) _____ - _____

Nickname: _____

DATE OF FORM SUBMISSION:

Email: _____
PLEASE PRINT CLEARLY SO THAT ALL LETTERS ARE EASILY DISTINGUISHABLE _____/_____/2018

Address: _____ City: _____

Address: _____ Zip Code: _____ COUNTY: _____

Please tell us about yourself:

Which of the following best reflects your primary role as a participant?

- | | |
|---|---|
| <input type="checkbox"/> Nonprofit Executive | <input type="checkbox"/> Nonprofit Board Member |
| <input type="checkbox"/> Nonprofit Executive Staff | <input type="checkbox"/> Potential Board Member |
| <input type="checkbox"/> Nonprofit Support/Administrative/program Staff | <input type="checkbox"/> Funder |
| | <input type="checkbox"/> Community Member |

Name of your organization: _____

Please tell us about your organization:

Which primary role does your organization serve?

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Health/Human Services | <input type="checkbox"/> Nature Conservancy | <input type="checkbox"/> Other |
| <input type="checkbox"/> Education | <input type="checkbox"/> Historic Landmarks/Historical Preservation | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Arts | | |

Please tell us about the size of your organization:

Note: we count employees as those who are ensuring the day-to-day operations of your organization, irrespective of whether they are full or part-time, paid or volunteers; Board members would not be considered staff for our purposes – unless directly involved in the daily operations of your organization (delivering programming on a regular basis), for example.

- 1-5 staff 5-10 staff 10-15 staff 15-20 staff more than 20 staff n/a

YOUR SESSION SELECTIONS (please check those sessions for which you are registering):

- | | |
|---|--|
| <input type="checkbox"/> Feb 13 Next Level Leadership \$15 | <input type="checkbox"/> Aug 7 Nonprofit Finance Demystified \$15 |
| <input type="checkbox"/> Mar 13 Marketing Magic \$15 | <input type="checkbox"/> Sep 11 Data in the Digital Age \$15 |
| <input type="checkbox"/> Apr 10 Measure What Matters \$15 | <input type="checkbox"/> Oct 9 Building a Strategic Board \$15 |
| <input type="checkbox"/> May 8 From Paper to Practice \$15 | <input type="checkbox"/> Nov 13 No More Bored Board \$15 |

Number of sessions selected: _____ X \$15 = \$ _____ .00

IF ALL 8 SESSIONS ARE SELECTED, THE SERIES PACKAGE OPTION DISCOUNT APPLIES AND **TOTAL IS \$100.00**

PAYMENT METHOD

- | | | |
|--------------------------------|------------------------------------|---|
| <input type="checkbox"/> Check | Putnam County Community Foundation | <input type="checkbox"/> Cash in the amount of \$ _____ |
| Check # _____ | Given to: _____ | Given to: Putnam County Community Foundation |

For Foundation Use Only

Date Rec'd in office: _____

Rec'd by: _____ Payment Confirmed: _____

Sent to IUW on _____/_____/_____