

Registration Form

Please complete the form below, scan and email to narada@wearefre.org OR mail in with payment (check or credit card). Questions: Call (301) 294-4157

Mail to: Spring Meeting/FRE
P.O. Box 750
Rockville, MD 20848-0750

If you are mailing multiple registrations, please make copies of the form and complete separate forms for each and mail together with payment. Please print (in black ink) or type all information.

Name _____

Title _____

Foundation/Institution _____

Address _____

City/State/Country/Zip or Postal Code _____

Telephone (____) _____ Mobile Phone: (____) _____

E-mail _____

What strategic questions or challenges are you grappling with in your work that you would like to discuss with other funders at the Spring Meeting?

Emergency contact:

Name _____ Relationship _____

Daytime phone (____) _____ Evening phone (____) _____

Mobile Phone: (____) _____

Please check one:

☐ Foundation Trustee ☐ Foundation staff ☐ Foundation Board ☐ Affinity Group staff

Please tell us what you need, including any mobility, audio, or visual access requirements, to fully participate in the conference. _____

Please indicate if you have any dietary restrictions: _____

Number of registrations enclosed _____

Total fees enclosed: \$ _____

Please make check payable to Funders for Reproductive Equity or if paying by credit card, please provide the following information:

Type of Card: Visa, Mastercard or American Express

Name as it appears on card: _____

Card Number: _____ Expiration date: _____ 3 or 4 digit code: _____

Billing address of card: _____ city: _____ state: _____ zip: _____

Amount to be charged: _____