



CBODN

Chesapeake Bay
Organization Development
Network

2012 Annual Conference

May 4, 2012

Silver Spring Civic Building, Silver Spring, MD

Prefix _____

First Name _____ Last Name _____

Name for Name Badge _____

Phone _____ Fax _____

Email _____

Organization _____

Address _____

City _____ State _____ Zip _____

Dietary Restrictions _____

For more than one registration please fill out a separate form, but you may submit payment information once. Indicate the number of registrations at each level.

\$229 – Early Bird Members (through March 31) _____ \$309 – Full Registration Members (after March 31) _____

\$309 – Early Bird Non-Members (through March 31) _____ \$389 – Full Registration Non-Members (after March 31) _____

\$179 – Full Time Students _____ \$259 – Group Registration (4 or more individuals from same organization) _____

Add CBODN Membership \$115 (and register as a member) _____

Payment Information

Pay by Check Check # _____ Credit Card Information

If you are paying by check, please make payable to CBODN and mail with completed form.

Credit Card Type: Master Card Visa American Express

Name as it appears on card: _____

Credit Card Number: _____

Credit Card Expiration _____ Security Code on back _____

Billing Address _____

City _____ State _____ Zip _____

Submit completed Form and Payment to:

CBODN
1325 G St., NW, Suite 500
Washington, DC 20005
Phone: 202.686.1314

Fax: 202.962.3939

Email: conference@CBODN.org