



CBODN

Chesapeake Bay
Organization Development
Network

2013 Annual Conference

April 26, 2013
DC Metro Area

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 for each person, but you may submit payment information once. Indicate the number of registrations at each level:

\$229 – Early Bird | Members (prior to March 1) _____ \$309 – Full Registration | Members (after March 1) _____

\$309 – Early Bird | Non-Members (prior to March 1) _____ \$389 – Full Registration | Non-Members (prior to March 1) _____

\$179 – Full Time Students _____ \$259 – Group Registration per person _____
(4 or more individuals from same org.)

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

Payment Information

Credit Card

Card Type: Master Card

Visa

American Express

Name on Card: _____

Card Number: _____

Expiration _____ Security Code _____

Billing Address _____

City _____ State _____ Zip _____

Pay by Check

Check # _____

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

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

Note: Please contact CBODN with requests for special needs: admin@cbofn.org or 202-686-1314