



DARE TO EARN

Presented by Nonprofit Management Solutions

Registration Form

Please complete a separate form for each registrant.

Name _____

Organization _____

Position/Title _____

Home Address _____

City/State/Zip _____

Day Phone _____

Evening Phone _____

Fax _____

Email _____

Credit Card Payment

Mail

Nonprofit Management Solutions, 8265 Vickers Street, Ste. C, San Diego, CA 92111

Fax

(858) 292-9943

- Charge \$ _____ to my Visa
- Charge \$ _____ to my MasterCard
- Charge \$ _____ to my Discover
- Charge \$ _____ to my American Express

Card # _____

Signature _____ Exp. _____

Check Payment

Make checks payable to Nonprofit Management Solutions

Then mail to Nonprofit Management Solutions
8265 Vickers Street, Ste. C, San Diego, CA 92111
or fax to (858) 292-9943

Check Enclosed: # _____ \$ _____

Office Use

Paid \$ _____ Receipt # _____ Date _____ Initials _____