

2008 UNIFEM/USA ANNUAL MEETING AND CONFERENCE REGISTRATION FORM
SATURDAY JUNE 21 & SUNDAY, JUNE 22 • ATLANTA, GA

Name: _____ Title: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

If you are a Chapter Board Member, please indicate which Chapter and your position/title (if any): _____



	UNIFEM/USA Members			Guests*		
	Before May 31	After May 31	Total	Before May 31	After May 31	Total
FULL REGISTRATION - SAVE \$35! DOES NOT INCLUDE LIMITED ACCESS EVENTS	\$130	\$160	\$ _____	\$155	\$185	\$ _____
INDIVIDUAL EVENT REGISTRATION						
Registration <i>Includes: Annual Meeting, Opening Session and Breakout Sessions</i>	\$25	\$30	\$ _____	\$30	\$35	\$ _____
Saturday Continental Breakfast	\$10	\$15	\$ _____	\$15	\$20	\$ _____
Saturday Luncheon	\$35	\$40	\$ _____	\$40	\$45	\$ _____
Saturday Performance and Reception	\$55	\$60	\$ _____	\$60	\$65	\$ _____
Sunday Brunch w/Joanne Sandler	\$40	\$45	\$ _____	\$45	\$50	\$ _____
LIMITED ACCESS EVENTS						
Friday Dinner (For Nat'l and Atlanta Board)	\$30		\$ _____	N/A	N/A	
Sunday Cont. Breakfast (For Nat'l and Chapter Boards)	\$10		\$ _____	N/A	N/A	

***SPECIAL MEMBERSHIP OFFER** Guests who register for at least one of the following events, may take advantage of a one time offer of 50% off their first year of UNIFEM/USA membership: Saturday Luncheon, Saturday Performance, Sunday Brunch.

I wish to join UNIFEM/USA at the following level: Patron \$100 (\$50) General \$50 (\$25)
 Sponsor \$250 (\$125) Donor \$500 (\$250) Senior \$35 (\$17.50) Young Professional \$35 (\$17.50)

Special Membership Offer \$ _____
Grand Total \$ _____ **Grand Total \$ _____**

FULL REGISTRATION PARTICIPANTS AND INDIVIDUAL REGISTRATION PARTICIPANTS FOR BREAKOUT SESSIONS

Please choose one panel to attend for each breakout session:

- HIV/AIDS: The Impact on Women and Girls or Microfinance: Empowering Women Worldwide
 Voices of Leadership: Promoting Women in Governance or Trafficking Women and Girls: A Global Phenomenon

PAYMENT

Check enclosed made payable to UNIFEM/USA in the amount of \$ _____
 Please charge my VISA or Mastercard in the amount of \$ _____
 Card #: _____ Exp. Date _____
 3-digit Security Code (located on back of card) _____
 Name on Card: _____
 Billing Address: _____

 Signature _____

Mail Completed Form to:
 UNIFEM/USA
 2345 Crystal Drive, Suite 301
 Arlington, VA 22202

Registration deadline:
Thursday, June 12.

Questions?
 Email info@unifemusa.org
 or call 703.236.1535.