



**C B O D N**  
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 (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 (after March 1) \_\_\_\_\_

\$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](mailto:conference@CBODN.org)