

The Annie E. Casey Foundation  
 Next Steps Workshop  
 Founders and Long-Term Executive Directors  
**REGISTRATION FORM**

*Please complete all fields of the registration form and return with your check to:*

**Adams & Associates**  
**1751 Elton Road, Suite 204; Silver Spring, MD 20903**

**CHECK APPROPRIATE BOX:** *To select a box , double click directly on the box and click on "checked".*

- Yes**, I will attend  Baltimore  Oakland *(Complete registration form and return)*
- Casey Grantee**, eligible to receive a scholarship from the Annie E. Casey Foundation
- Enclosed** is my check in the amount of \$\_\_\_\_\_ for my registration

<b>PARTICIPANT INFORMATION</b>			
<b>Full Name:</b>		<b>Title:</b>	
<b>Organization Name:</b>			
<b>Organization Address:</b>			
	<b>Suite:</b>		<b>Zip Code:</b>
<b>Telephone Numbers:</b>	<b>Work:</b>		<b>Cellular:</b>
<b>Fax Number:</b>	<b>Work:</b>		<b>Home:</b>
<b>E-mail address:</b>			<b>Website:</b>
<b>Are you a Casey Grantee?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>TENURE INFORMATION:</b>			
<b>Years As Executive Director:</b>			
<b>Role(s) Served:</b>	<input type="checkbox"/> Founder <input type="checkbox"/> Nearly Founder <i>(functioned as founder or followed founder long-term)</i> <input type="checkbox"/> Long-Term Executive <i>(10+ years founder-like role)</i> <input type="checkbox"/> Other <i>(please specify)</i> _____		
<b>Planning To Leave:</b>	<input type="checkbox"/> 6-12 months <input type="checkbox"/> 1-5 years <input type="checkbox"/> Contemplating <input type="checkbox"/> Not Sure		
<b>ORGANIZATION INFORMATION:</b>			
<b>Year Founded:</b>		<b>Founded by:</b>	
<b>Staff Size:</b>		<b>Budget Size:</b> <i>(rounded to nearest thousand)</i>	\$ _____
<b>mission statement:</b>			
<b>Primary customers:</b> <i>(brief description)</i>			
<b>Primary programs:</b> <i>(brief description)</i>			
<b>How did you hear about this workshop?</b>	<input type="checkbox"/> Direct email <input type="checkbox"/> Referred by _____ <input type="checkbox"/> Other _____		
<b>ANNIE E. CASEY GRANTEES ONLY</b>			
<b>Hotel Reservations Required</b>	<i>Casey Foundation reimbursement – Please make your reservation            Mention you’re attending a Casey Workshop to receive discount.</i> <input type="checkbox"/> <b>None</b> <input type="checkbox"/> <b>Peabody Court Clarion Hotel</b> (410-727-7101) <input type="checkbox"/> <b>Tremont Hotel</b> (410-727-2222)		
<b>Air/Rail Transportation (Authorization Required)</b>	<i>Casey Foundation reimbursement – Please make your reservation</i> <input type="checkbox"/> <b>None</b> <input type="checkbox"/> <b>Travel Required</b> <i>(Casey reimbursement)</i>		

**P l e a s e   r e g i s t e r   e a r l y**