

Registration Form

Register online at www.chicago-united.org

Name _____ Title _____

Company _____

Address _____

City / State / Zip _____

Phone _____ Fax _____ E-mail _____

For room reservations, contact Hilton Chicago, 720 South Michigan Avenue, Chicago, Illinois, www1.hilton.com, Tel: 1-312-922-4400.

INDIVIDUAL REGISTRATION

Please select one conference package or select from the meal function options.

Full Conference Package

____ Full Conference Package\$400
(Includes lunch, workshops, networking reception & dinner)

____ Conference Workshops & Luncheon... \$250
(Non-profit employees: Call or fax for \$125 discount on the workshops and luncheon package.)

Conference Meal Functions Only

____ Diversity Leadership Luncheon..... \$75
____ Networking Reception &
40th Anniversary Dinner\$200

CORPORATE SPONSORSHIP PACKAGES

Please select one sponsorship level.

Sponsorship Packages

____ 40th Anniversary Co-Chair\$40,000
____ Advocate for Change Sponsor..... \$25,000
____ Corporate Citizen for Change Sponsor.. \$10,000
____ Leadership Sponsor \$5,000

All registrations and conference sponsorships must be paid in advance.

Conference Workshop Selection

Please choose only **ONE** session labeled Workshop A and **ONE** labeled Workshop B.

Sponsors who earn multiple registrations will be contacted by PJH & Associates for attendee workshop selections.

1:30 p.m. - 3:00 p.m. – A Workshops *(Select One)*

- ____ Workshop IA: Diverse Talent-Management Strategies:
Effective Mentoring Relationships
- ____ Workshop IIA: Diversity and Organizational Performance:
Quantifying the Connection
- ____ Workshop IIIA: Career-Building Learning Experiences for
Winning Diverse Workforces

3:30 p.m. - 5 p.m. – B Workshops *(Select One)*

- ____ Workshop IB: Diversity at the Top: Recruiting and Retaining
Emerging Executives
- ____ Workshop IIB: Building Minority Businessse of Scale:
Supply-Chain Mastery
- ____ Workshop III-B: Diversity in Corporate Governance: Achieving
Sustainable Representation

Total Registration Fees: \$ _____

Cancellations will not be accepted after November 15, 2008

Credit Card Authorization:

Cardholder Name _____

Visa _____ MasterCard _____ American Express _____ Discover _____ Card# _____ Expiration _____

Cardholder Signature _____

Cardholder Address _____ City _____ State _____ Zip _____



Phone: 312-977-3060
Fax: 312-977-3089
www.chicago-united.org

Please make all checks payable to: Chicago United

Mail payments to: Chicago United c/o: PJH & Associates, Inc., 205 W. Wacker Drive, Suite 1400, Chicago, IL 60606

Chicago United is a 501(c)3 organization and contributions are deductible as provided by law. Tax ID: 36-2770509