

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 &

Bridge Awards Dinner \$200

CORPORATE SPONSORSHIP PACKAGES

Please select one sponsorship level.

Sponsorship Packages

____ Chairman's Circle Sponsor \$50,000

____ 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.

2:00 p.m. - 3:30 p.m. – A Workshops *(Select One)*

____ Workshop IA: Downsizing: Maintaining a Fair and Legal Racial Workforce Balance

____ Workshop IIA: The Importance of Diversity in Good and Bad Times

____ Workshop IIIA: Supplier Diversity: Keeping MBEs in the Game

3:45 p.m. - 5:15 p.m. – B Workshops *(Select One)*

____ Workshop IB: Diversity Matters: Ramping Up the Rate of Leadership Engagement

____ Workshop IIB: The Multiracial Pipeline: Preserving Your Talent Investments

____ Workshop III-B: Developing Recession Resistant Business Models for MBEs

Total Registration Fees: \$ _____

Cancellations will not be accepted after October 16, 2009

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