

Gamaliel Foundation

Affiliate payment by Check Form

Name of Affiliate: _____

Check the training for which payment is being made:

Check only one and use one form for each training.

| Event | Cost |
|--|-------|
| <input type="checkbox"/> Staff Retreat I, January 8-10, 2008 - Virginia Beach, VA | \$325 |
| <input type="checkbox"/> National Leadership Training I, March 2-08, 2008 – Edgewood, MA | \$575 |
| <input type="checkbox"/> Gamaliel National Clergy Caucus Training, April 15-17, 2008 - Mundelein, IL | \$300 |
| <input type="checkbox"/> Advanced Leadership Training, May 15-17, 2008 - Techny, IL | \$330 |
| <input type="checkbox"/> Council of Presidents, May 20, 2008 - Chicago, IL | N/A |
| <input type="checkbox"/> African American Leadership Commission, June 12-13 – Detroit , MI | \$300 |
| <input type="checkbox"/> National Leadership Training II, July 13-19, 2008- Western Territory | \$575 |
| <input type="checkbox"/> National Leadership Training III, August 10-16,2008 – Plymouth, MI | \$575 |
| <input type="checkbox"/> Staff Retreat II, September 9-11, 2008 - TBA | \$325 |
| <input type="checkbox"/> Ntosake - October 2-4 ,2008 - TBA | \$300 |
| <input type="checkbox"/> National Leadership Training IV, November 9-15, 2008-Techny, IL | \$575 |
| <input type="checkbox"/> Council of Presidents Annual Meeting, December 3-4, 2008-TBA | N/A |
| <input type="checkbox"/> International Leadership Assembly, December 4-6, 2008 -TBA | \$325 |

List trainees Names to assure proper credit:

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Please find enclosed our Check, number _____ in the amount of \$ _____ (\$US)

Your payment must *reach the Gamaliel Office by the Registration Deadline.*

Mail to: The Gamaliel Foundation, 203 North Wabash Avenue, Suite 808, Chicago, Illinois 60601

If you want your receipts faxed, please give us your fax number: _____

ALL RECEIPTS ARE MAILED