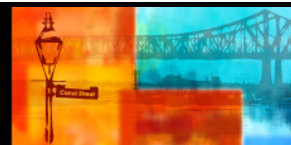


# OD Network Conference 2010 Registration Form

OD NETWORK CONFERENCE 2010

October 17 - 20, 2010  
New Orleans Marriott • 555 Canal Street • New Orleans, Louisiana



Recovery,  
Revitalization,  
Response:  
Exploring  
the Dynamics  
of Change

If you have questions or concerns, please contact Membership Services at 973 763 7337 from 9 am - 5 pm ET.

Registration indicates your review of the cancellation and payment policies available online at [www.odnetwork.org/conf2010](http://www.odnetwork.org/conf2010).

Current Member  New Member  Renewing Member  Reinstating Lapsed Membership

Member ID \_\_\_\_\_ (if unknown, leave blank)

Institution/Corporate ID \_\_\_\_\_ (if unknown, leave blank)

**Return your registration 1 of 3 ways!**

1. Mail to the address below, or

2. Fax to the fax below, or

3. Scan and email to [odnetwork@odnetwork.org](mailto:odnetwork@odnetwork.org)

Save a stamp! Register online at [odnetwork.org/conf2010](http://odnetwork.org/conf2010)

## STEP 1: PROVIDE YOUR PERSONAL INFORMATION

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address This is my preferred:  mailing address  billing address

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Informal Name: \_\_\_\_\_

Work Address This is my preferred:  mailing address  billing address

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

(This name will appear on your badge instead of your First Name as noted above.)

Please **exclude** my information from being listed in the OD Network Membership Directory and event rosters.

## STEP 2: NOT A MEMBER? JOIN NOW AND SAVE!

(Review member types and benefits at [odnetwork.org/membership](http://odnetwork.org/membership).)

Individual Membership \$200  Senior \$100<sup>2,4</sup>

Online Membership \$175  Student \$100<sup>1,2</sup>

Regional Network Members - Deduct \$25<sup>3,4</sup> (unavailable for Senior/Student)

Name of Regional Network \_\_\_\_\_

1 - Students should be enrolled full time in an OD program and working part-time or less. 2 - No additional discounts apply. 3 - A Regional Network is a related professional community located in a specific region and exist separately from the OD Network. By choosing a regional network, you are recognizing yourself as an active member of that organization. 4 - This information will be verified periodically and member type/rate adjusted accordingly

Membership total \$ \_\_\_\_\_

## STEP 3: SELECT YOUR CONFERENCE ATTENDANCE

### General Conference (October 17 - 20)

### Early Bird Rate (through 8/15)

### Regular Rate (after 8/15)

OD Network Member  \$1,045  
Student & Senior Member  \$745  
Non-Member  \$1,245

\$1,195  
 \$895  
 \$1,395

### Day Passes (discount codes not applicable)

### Early Bird Rate (through 8/15)

### Regular Rate (after 8/15)

	Sunday	Monday	Tuesday	Wednesday
OD Network Member	<input type="checkbox"/> \$210	<input type="checkbox"/> \$420	<input type="checkbox"/> \$420	<input type="checkbox"/> \$210
Student & Senior Member	<input type="checkbox"/> \$145	<input type="checkbox"/> \$295	<input type="checkbox"/> \$295	<input type="checkbox"/> \$145
Non-Member	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$250

	Sunday	Monday	Tuesday	Wednesday
OD Network Member	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$250
Student & Senior Member	<input type="checkbox"/> \$190	<input type="checkbox"/> \$375	<input type="checkbox"/> \$375	<input type="checkbox"/> \$190
Non-Member	<input type="checkbox"/> \$295	<input type="checkbox"/> \$590	<input type="checkbox"/> \$590	<input type="checkbox"/> \$295

Attendance total \$ \_\_\_\_\_

## STEP 4: SELECT YOUR PRE- & POST-CONFERENCE WORKSHOPS

### Pre-Conference Workshops, Full Day

Saturday, October 16, 9:00 am - 4:00 pm, Lunch Included

SAT01 - A Dynamic Approach to Use of Self: Leveraging...

\$350

\$275

\$450

SAT02 - A Journey into Power, Politics, and Influence...

\$350

\$275

\$450

SAT03 - Six Conversations that Matter: Building Abundant...

\$350

\$275

\$450

SAT04 - The Change within Transformative Change

\$350

\$275

\$450

SAT05 - The Core of Effective Contracting: Navigating...

\$350

\$275

\$450

### Pre-Conference Workshops, Half-Day

Saturday, October 16, 1:00 pm - 4:00 pm

SAT06 - Innovative InterChange: The Power Behind...

\$200

\$125

\$295

SAT07 - The Cosmopolitan Practitioner

\$200

\$125

\$295

SAT08 - Awakening the Dreamer: Generating Hope...

\$200

\$125

\$295

### Post-Conference Workshops, Full Day

Wednesday, October 20, 1:00 pm - 4:00 pm AND

Thursday, October 21, 9:00 am - 12:00 pm

WTH01 - How Do YOU Show Up When Conflict ...

\$350

\$275

\$450

### Post-Conference Workshops, Half Day

Wednesday, October 20, 1:00 pm - 4:00 pm

WED01 - High Impact Coaching for Organizational Change

\$200

\$125

\$295

WED02 - Leading Consciously: Moving From Self-Change...

\$200

\$125

\$295

WED03 - Navigating OD Career Options: Are You an...

\$200

\$125

\$295

Workshop total \$ \_\_\_\_\_

Continued on next page

PO Box 32459, Newark, NJ 07102 | t +1 973 763 7337 | f +1 973 763 7488 | [www.odnetwork.org](http://www.odnetwork.org)

Organization Development Network, Inc. is a registered non-profit corporation in the state of New Jersey. Tax ID 22-2171250.

Consult a tax-advisement professional to discuss deduction potential of dues payments and/or donations.

## STEP 5: SELECT YOUR ON-SITE ACTIVITIES & SPECIAL EVENTS

### Cost for All Attendees

#### Rebuilding Together New Orleans

Friday, 15 October, 2010 - 8:00 AM to 6:00 PM

\$75

Registration includes breakfast, lunch, and transportation.

#### Practitioners of Color

Saturday, 16 October, 2010 - 9:00 AM to 4:00 PM

FREE!

#### Welcome to NOLA Reception – GUEST TICKET

Sunday, 17 October, 2010 - 5:00 PM - 7:00 PM

\$20 each / Total Tickets: \_\_\_\_\_

One ticket is provided to attendee as part of General Conference or Sunday Only registration. Purchase additional guest tickets as/lf necessary.

#### Dick Beckhard Mentoring Program

Sunday, 17 October, 2010 - 10:15 AM to 12:30 PM

FREE!

Be a Mentor  Be Mentored

#### First-Time Attendee Orientation

Sunday, 17 October, 2010 - 9:00 AM to 10:00 AM

FREE!

Register now or just join us on-site!

#### OD Network Achievement Awards Breakfast

Tuesday, 19 October, 2010 - 7:30 AM to 9:00 AM

\$25 each / Total Tickets: \_\_\_\_\_

Advance purchase required. Limited quantity available.

#### Tuesday Evening Magic in NOLA

Tuesday, 19 October, 2010 - 6:00 PM to 8:00 PM

\$20 each / Total Tickets: \_\_\_\_\_

**Activities & Special Events total \$ \_\_\_\_\_**

## STEP 6: MAKE A VOLUNTARY DONATION

Please accept my donation to support the OD Network's mission of advancing the theory and practice of OD **Donation Total \$ \_\_\_\_\_**

## STEP 7: TOTAL

If you have been provided a discount code, please enter it here and deduct the value from your total amount. Invalid codes will not be honored and full amounts charged.

**Discount Code:** \_\_\_\_\_ **Value: (\$ \_\_\_\_\_)**

**Grand Total \$ \_\_\_\_\_**

## STEP 8: PROVIDE PAYMENT INFORMATION

(You are authorizing the OD Network to process payment amount appearing in "Grand Total" above as you indicate in this section.)

- Check Enclosed (made payable to *Organization Development Network, Inc.*) **Check #** \_\_\_\_\_
- Purchase order # \_\_\_\_\_ (Please also include your credit card information below. Invoices remaining unpaid after 90 days will be automatically charged to the card.)
- Credit Card **Credit card number:** \_\_\_\_\_ **Expiration date** \_\_\_\_\_
- Visa **Name as it appears on card:** \_\_\_\_\_
- MasterCard **Signature:** \_\_\_\_\_
- American Express

## STEP 9: ENTER GUEST INFORMATION

(If you have purchased a ticket for a guest, please provide their information so we may have a badge and tickets ready for them at registration.)

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Designation:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## STEP 10: PROVIDE DEMOGRAPHIC INFORMATION

Please take a few minutes to complete this optional questionnaire. This information helps us better serve our valued members. Unanswered/incomplete fields will be noted as "prefer not to say."

<p><b>Gender</b></p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p><b>Year began practicing OD</b></p> <p>_____</p> <p><b>Year joined a regional network</b></p> <p>_____</p> <p><b>Date of birth</b></p> <p>_____</p> <p><b>Highest Education Received</b></p> <p><input type="checkbox"/> Bachelors</p> <p><input type="checkbox"/> Masters</p> <p><input type="checkbox"/> PhD (or equivalent)</p> <p><input type="checkbox"/> Other</p>	<p><b>Professional Identification</b> (Please select all that apply)</p> <p><u>External Consultant</u></p> <p><input type="checkbox"/> Consulting Firm <input type="checkbox"/> Independent Consultancy</p> <p><u>Internal Consultant</u></p> <p><input type="checkbox"/> Private Corp. <input type="checkbox"/> Nonprofit <input type="checkbox"/> Government</p> <p><u>University/Educational Institution</u></p> <p><input type="checkbox"/> Administration <input type="checkbox"/> Faculty</p> <p><u>Student</u></p> <p><input type="checkbox"/> Full-Time Graduate <input type="checkbox"/> Full-Time Undergraduate</p> <p><input type="checkbox"/> Part-Time Graduate <input type="checkbox"/> Part-Time Undergraduate</p> <p><b>Other Professional Memberships</b></p> <p><input type="checkbox"/> IAF <input type="checkbox"/> IODA</p> <p><input type="checkbox"/> ICF <input type="checkbox"/> SHRM</p> <p><input type="checkbox"/> APA <input type="checkbox"/> Other(s) _____</p> <p><input type="checkbox"/> ASTD _____</p>	<p><b>Allied Profession</b></p> <p><input type="checkbox"/> Coaching</p> <p><input type="checkbox"/> Facilitation</p> <p><input type="checkbox"/> Human Resources</p> <p><input type="checkbox"/> Training &amp; Development</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Other</p>	<p><b>Primary Racial/Ethnic Identification</b></p> <p><input type="checkbox"/> American Indian/Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Hispanic/Latino/a</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Other (specify) _____</p>
<p><b>Current Organization Size</b></p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 501–2,500</p> <p><input type="checkbox"/> 2–10 <input type="checkbox"/> 2,501–5,000</p> <p><input type="checkbox"/> 11–50 <input type="checkbox"/> 5,001–10,000</p> <p><input type="checkbox"/> 51–100 <input type="checkbox"/> 10,001 +</p> <p><input type="checkbox"/> 101–500</p>	<p><b>Current Organization Revenue</b></p> <p><input type="checkbox"/> &gt; \$250K <input type="checkbox"/> \$10–49.9M</p> <p><input type="checkbox"/> \$251–499K <input type="checkbox"/> \$50–99.9M</p> <p><input type="checkbox"/> \$500–999K <input type="checkbox"/> \$100–499.9M</p> <p><input type="checkbox"/> \$1M–4.9M <input type="checkbox"/> \$500–999.9M</p> <p><input type="checkbox"/> \$5–9.9M <input type="checkbox"/> \$1B+</p>		

## STEP 11: A FEW FINAL QUESTIONS

Do you have any dietary restrictions/allergies? \_\_\_\_\_

Do you have any special needs or require accommodation as an attendee? \_\_\_\_\_

How did you hear about Conference 2010?  Conference Brochure  Email  Colleague  OD Network Website  Online Search  Other

Are you a Conference Speaker or Presenter?  Yes  No

Have you applied to be an on-site volunteer?  Yes  No

Have you applied for a scholarship?  Yes  No

Have you submitted a paper for the SRC or SPPP?  Yes  No

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