



2023 Midwest Volunteerism Summit

Complete this form and submit it with your cash or check payment. If you have questions, please email ciavaindy@gmail.com.

Attendee Information

First Name: _____ Last Name: _____

Title: _____ Organization: _____

Email: _____ Preferred Phone: _____

Registration

Select your registration. See www.ciava.org for details regarding types.

_____ **Standard**

_____ **CIAVA Member**

_____ **Vendor**

Dues

Membership Type	Cost Per	# Purchasing	Total Cost
Standard	\$95		
CIAVA Member	\$75		
Vendor	\$100		
Total Due:			

Central Indiana Association of Volunteer Administration (CIAVA)

P.O. Box 732 Indianapolis, IN 46206

ciavaindy@gmail.com ; www.CIAVA.org



Additional Staff Attending

If more than one staff member is attending, please list information for additional staff.

Staff #2

First Name: _____ Last Name: _____

Title: _____ Email: _____

Staff #3

First Name: _____ Last Name: _____

Title: _____ Email: _____

Staff #4

First Name: _____ Last Name: _____

Title: _____ Email: _____

Staff #5

First Name: _____ Last Name: _____

Title: _____ Email: _____

Staff #6

First Name: _____ Last Name: _____

Title: _____ Email: _____

Staff #7

First Name: _____ Last Name: _____

Title: _____ Email: _____

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