

**Registration Form  
CEOs and Governance  
January 26-27, 2007 – Orlando**

**What about You: Finding Common Ground**

Help us shape the program to your needs and interests. Please respond to the following questions below and include with your registration form.

How long have you been in your present position? \_\_\_\_\_

Were you an internal candidate?    Yes    No

Was a search firm or consultant involved in your hiring?    Yes    No

Are you the institution's first professional director?    Yes    No

Did you succeed a founding director?                    Yes    No

What is your institution's:  
    annual operating budget                    \_\_\_\_\_  
    number of staff                                \_\_\_\_\_  
    number of volunteers                        \_\_\_\_\_

When was the museum founded?    \_\_\_\_\_

Is it part of a larger operating entity, such as a college, state, or municipal system?  
Yes (please circle type of entity above)    No

Do you have more than one board?    Yes    No

Are board members (check one)    \_\_\_ appointed  
  \_\_\_ elected by a membership  
  \_\_\_ self-sustaining

Size of the board?    \_\_\_\_\_

How long has the chair of the board been in the position? \_\_\_\_\_

Is he/she a founder of the organization?    Yes    No

Are there founding members on the board?    Yes    No

If you have a burning issue you want addressed at the program:

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Please complete this form and return it with full payment to AAM Professional Education Program, fax (202) 289-6578, or mail it to AAM Professional Education Program, 1575 Eye St. N.W., Suite 400, Washington, DC 20005-1105. **Registration closes on Friday, January 5, 2007.**

Please type or print clearly and fill out completely.

Name \_\_\_\_\_

Badge name \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Fees (check one)**

\$325 AAM member registration. AAM member # \_\_\_\_\_

\$375 Non-member registration

**Payment Method**

MasterCard     Visa     American Express

Check payable to AAM (U.S. dollars only)

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Print name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

Refund requests **must** be received in writing by **Friday, January 5, 2007**, at the address above. **No refunds will be given after that date.**

*For more information or special accommodations (including dietary needs), contact the AAM Professional Education Program at (202) 289-9114 or seminars@aam-us.org.*