



THE DONOR'S WORLD SUMMIT DC 2026

November 16–17, 2026 | Washington, D.C.

OFFICIAL REGISTRATION & PARTICIPATION FORM

Please complete the following information to confirm your participation.

1. PARTICIPANT INFORMATION

Full Name: _____

Title / Position: _____

Organization / Company: _____

Type of Organization:

- ☐ Nonprofit / NGO
- ☐ Foundation / Philanthropy
- ☐ Corporation
- ☐ Government / Municipality
- ☐ Federal Contractor / Subcontractor
- ☐ Professional Services
- ☐ Financial Institution
- ☐ Other: _____

Email: _____

Phone: _____

Country / City: _____

Website: _____



2. SELECT YOUR PARTICIPATION

☐ **GENERAL DELEGATE — \$595**

Two-day Summit registration including:

- Conference access
- Coffee breaks
- Business lunches
- Private networking meetings
- Gala Celebration

☐ **VIP DELEGATE — \$1,500**

Includes:

- Three nights of hotel accommodations with Breakfast
- Full Summit registration and Reserved seating with speakers
- Up to 10-minute welcome/presentation during the General Session
- Gala Celebration & Accommodation for two people sharing one room

☐ **EXHIBITOR — \$2,500**

Includes VIP benefits plus:

- 10' x 10' exhibition space
- Meeting space for prospective clients and partners
- Logo placement in official event materials
- Exhibition Pavilion participation



☐ **OFFICIAL SPONSOR — \$10,000**

Limited to three sponsors.

Includes:

- Official Sponsor designation
- Two hotel suites
- 10' x 20' exhibition area
- Seating for four representatives in the Exhibition Pavilion
- Gala table for six guests
- Prominent logo placement
- 45-minute seminar/presentation
- National recognition
- Access to attendee networking information, subject to applicable permissions and privacy requirements

3. ADDITIONAL REPRESENTATIVES

Will you bring additional guests or representatives?

☐ Yes ☐ No

Number of additional participants: _____

Names and titles:



4. HOTEL ACCOMMODATION

Do you require hotel accommodation?

☐ Yes ☐ No

Arrival Date: _____

Departure Date: _____

Number of Rooms: _____

Number of Guests: _____

5. EXHIBITOR / SPONSOR INFORMATION

Organization Name for Official Recognition:

Logo / Brand Name:

Primary Product, Service, Program, or Initiative:

Would you like to schedule private meetings with potential partners?

☐ Yes ☐ No

Would you like to present a program, product, service, or initiative?

☐ Yes ☐ No



6. PAYMENT INFORMATION

Selected Participation: _____

Registration Fee: \$ _____

Payment Method:

☐ Credit Card

☐ Bank Transfer

☐ Other: _____

Billing Name / Organization: _____

7. CONFIRMATION

I confirm that the information provided above is accurate and that I wish to participate in **The Donors World Summit DC 2026**, November 16–17, 2026, in Washington, D.C.

Name: _____

Signature: _____

Date: _____

REGISTRATION & INFORMATION

Rosse Garcia

Director, U.S. Minority Chamber of Commerce

Email: director@minoritychamber.net

Phone / WhatsApp: 202.250.0260

www.minoritychamber.net

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Connect. Build Partnerships. Access Opportunities. Create Impact.