

14th Annual Nonprofit Management Conference

Thursday, May 16, 2019 8:00 a.m. – 3:30 p.m.
Walsh College – 3838 Livernois, Troy, MI 48083



Includes breakout sessions, continental breakfast, lunch, and on-site nonprofit expo

Human Resources/Volunteers/Staff:

- *Doing More Good With Less Stress*
- *Employee Relations: Creating a Culture of R-E-S-P-E-C-T*
- *The Power of Social-Emotional Intelligence*
- *Practical Approach to Volunteer Engagement: How to Make it Easy and Rewarding*

Governance/Operations:

- *Board and Executive Relationships—Who's in Charge Here?*

Strategic Planning:

- *Succession Planning: Ready or Not?*
- *Hidden Figures: Researching and Evaluating Your Next Fundraising Source*

Technology/Digital Marketing:

- *How to ROCK on LinkedIn for Your Nonprofit in Just 15 Minutes a Day*
- *Annual Campaigns: Using Direct Mail, Social Media and Email Blasts to Raise Money*

Finance/Accounting:

- *Activities Affecting Exemption & Taxable Activities of Charitable Organizations*

Leadership/Board Development:

- *Don't Fear the Peacocks: Embracing Organization Change Through Diversity*

Fund Development/Donor Relations:

- *Creating and Delivering a Compelling Pitch*
- *Fundraising Success by the Numbers I: KPI for Individual Giving*
- *Fundraising Success by the Numbers II: KPI for Seeking Corporate, Foundation or Government Resources*
- *Maximize Your Next Event: Corporate Sponsorships, Volunteer Management, Trending Event Ideas to Boost Proceeds and Post-Event Stewardship*

[For a full description of breakout sessions and speakers, go to www.troychamber.com/non-profit-network]

Registration:

FAX to Troy Chamber (248-641-0545). E-mail address must be provided for confirmation. Payment due in full by May 9, 2019

Attendee Name(s): _____

Organization Name: _____

Address: _____ City: _____ ZIP: _____

Phone: (____) _____ E-mail: _____

PAYMENT: (Checks payable to: Troy Chamber of Commerce, 2125 Butterfield Dr., Ste. 100N, Troy, MI 48084)

COST: \$60 - Troy Chamber members / \$110 - Non-members (2 or more from same non-member organization save \$10 per person)

_____ Attendees @ \$_____ each = \$_____

Please Invoice Credit Card # _____ Exp. Date ____/____/____

Cardholder Signature _____ CVV Code: _____ Billing Zip Code _____

Presented by



Venue Sponsor



Media Sponsor

