

# *Becoming Who You Are: A Lifecycles Approach to Nonprofit Capacity*

**With nationally recognized consultant and author  
Susan Kenny Stevens, PhD.**

**This workshop is for executives and trustees of not-for-profit organizations to examine the challenges and opportunities organizations face at different levels of development using Dr. Stevens' lifecycle development model, case studies and interaction.**

**You will cultivate a greater understanding of your organization's life cycle stage, ways to meet your distinct challenges and opportunities, your ability to fulfill your mission and learn what to expect as your not-for-profit moves forward.**

**Dr. Stevens holds a PhD. in organizational behavior and her books and case studies are used nationally and internationally in university-based not-for-profit management courses.**

**Presented by:**



**United Way of  
the Valley and  
Greater Utica Area**

**Tuesday, October 21, 2008  
8:30 A.M.-12:30 P.M.**

**The Radisson Hotel Utica Centre  
Details Enclosed**

For more of Dr. Stevens' biography, visit  
[www.foundationhoc.org](http://www.foundationhoc.org) or  
[www.unitedwaygu.org](http://www.unitedwaygu.org)

# Becoming Who You Are: A Lifecycles Approach to Nonprofit Capacity

Presented by Susan Kenny Stevens, PhD.

Tuesday, October 21, 2008 8:30 a.m. – 12:30 p.m., Radisson Hotel Utica Centre, Mohawk Room

## REGISTRATION

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

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

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

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

Note: registration fee includes two (2) attendees per organization and one copy of *Nonprofit Lifecycles: Stage-based Wisdom for Nonprofit Capacity*. You are encouraged to send one member of your senior management and a team member of your board.

### Attendee #1:

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

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

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

### Attendee #2:

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

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

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

## PAYMENT

\$75.00 registration fee for two attendees from the same organization and a copy of the book.  
\$20.00 for each additional copy of the book (Books may be picked up at the sign-in table.)

Quantity of additional copies of book: \_\_\_\_\_

Check enclosed in the amount of \$ \_\_\_\_\_ payable to The Community Foundation.

Credit Card payment. Please charge \$ \_\_\_\_\_ to my: MasterCard Visa American Express

Account# \_\_\_\_\_ Expiration date (mm/yy) \_\_\_\_/\_\_\_\_

Name on card: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

## TO COMPLETE YOUR REGISTRATION

Fax completed registration form, with credit card information to 315-735-9363.

Or, mail form with payment to: The Community Foundation Attn: Wendy Caliguire, 1222 State Street, Utica, New York 13502.

Confirmations will be emailed.

Registrations are due by **Tuesday, October 14, 2008.**

Questions?  
Call 735-8212



United Way of  
the Valley and  
Greater Utica Area

**Application for Consultation with Susan Kenny Stevens, PhD.**  
Tuesday, October 21, 2008, 45 minute sessions to be scheduled between 2:15 p.m. – 4:30 p.m.  
Radisson Hotel Utica Centre

A limited number of slots are available for organizations to talk in-depth about their particular issues and concerns with Susan Kenny Stevens. She is a nationally recognized consultant and advisor, whose most recent book, *Nonprofit Lifecycles: Stage-based Wisdom for Nonprofit Capacity*, serves as the cornerstone for many capacity-building programs across the nation. If you are interested in discussing the status of your organization's development and future plans with Dr. Stevens, please complete the following application and submit before October 7, 2008.

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

Lead contact: \_\_\_\_\_

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

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

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

Which members of your board and senior management will attend? (Up to five representatives may attend.)

Attendee #1:

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

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

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

Attendee #2:

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

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

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

Attendee #3:

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

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

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

Attendee #4:

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

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

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

Attendee #5:

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

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

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

**Please attach a one page explanation** as to why you believe a consultation with Dr. Stevens would benefit your organization. This explanation should include a statement about the willingness of your organization to be open to examining your capacity and planning efforts.

**TO COMPLETE YOUR APPLICATION**

Mail or fax (735-9363) completed application and attachment to The Community Foundation, 1222 State Street, Utica, New York 13502. Attn: Wendy Caliguire. **Applications must be received by Tuesday, October 7, 2008.**

You will be contacted regarding the status of your application. If selected, a time will be scheduled for your work in a smaller setting with Dr. Stevens.

**Presenting Partners:**



**United Way of  
the Valley and  
Greater Utica Area**