

2012

Nonprofit Technology & Communications Conference

Registration Form

Organization Information: *(team registrants must be from the same organization)*

Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Registrant(s): Register three people from the same organization and the fourth is free!

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Emails _____

Please indicate any meal or special accommodations needed by the above registrants:

Registration Fees

	Members	Nonmembers
Early Bird (by Jan. 31)	\$149	\$199
Regular (by March 9)	\$169	\$199
Late (after March 9)	\$199	\$219

Payment*

Total Amount Enclosed: \$ _____

◇ Check enclosed (payable to MCN)

◇ Please bill my credit card

* **fourth registrant is free**

Credit Card Information

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____

Organization (if corporate card): _____

Billing Address (if different from above): _____ Zip: _____

Cardholder Signature: _____