

ACTCON

ADVANCEMENT. COMMUNICATIONS. TECHNOLOGY.

Registration Form

September 9 & 16, 2020
Virtual Conference



Event ID: 2714

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: _____

MCN strives to ensure that this conference is accessible to all individuals. If you have other accommodation requests, such as sign language interpreters or other accessibility requirements, please email MCN's program coordinator at kmccaffery@minnesotanonprofits.org by August 26 to ensure accommodations. Although we will attempt to meet all accessibility requests, late requests may not be fulfilled.

Registration Fees

	Members	Nonmembers
Regular Conference Rates	\$179	\$249

Payment*

Total Amount Enclosed: \$ _____

Promo Code: _____

◇ 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: _____

Please submit this conference registration form to MCN by fax at 651-642-1517 or by mail at:
Minnesota Council of Nonprofits, 2314 University Ave West, Suite 20, St. Paul, MN 55114.