

Reimagine Nonprofits

* OCTOBER 14, 15, 28, 29

2021 Annual Conference Exhibitor Registration Form

Organization Information

(Contact person's name - for logistical information)

(Contact person's phone)

(Contact person's email)

(Business name - as it should appear in print)

(Organization's street address)

(City, State, Zip)

(Website - as it should appear and link to)

Conference Exhibit Pricing

◇ Regular (\$500) ◇ Advocate- and Ally-level associate members (\$400)

(Exhibitor Attendee 1 - name and email)

(Exhibitor Attendee 2 - name and email)

Return your reservation form to MCN by September 24, 2021

Fax completed registration and payment to 651-642-1517

Mail completed registration and payment to: Minnesota Council of Nonprofits, 2314 University Ave. W., Ste. 20, St. Paul, MN 55114

Email completed registration to jwurm@minnesotanonprofits.org

Payment Information

◇ Check Enclosed ◇ Please Bill My Credit Card

(Card Number)

(Exp. Date)

CVV code (required)

(Name - as it appears on card)

(Organization Name - if corporate card)

(Business Address - if different than above)

(Cardholder Signature)