

Reimagine Nonprofits

* OCTOBER 14, 15, 28, 29

Large Group Conference Registration Form

Organization Information

Organization's Full Name

Organization's Street Address

City/State/Zip

Is your organization an active MCN member? Yes No

Group Registrants

Registrant 1 Name

Email

Registrant 2 Name

Email

Registrant 3 Name

Email

Registrant 4 Name

Email

Registrant 5 Name

Email

Registrant 6 Name

Email

Registrant 7 Name

Email

Registrant 8 Name

Email

Registrant 9 Name

Email

Registrant 10 Name

Email

Registration Form Instructions

Large Group Registrants

Register a group of 10 people for a flat rate of \$750 for MCN members / \$1,250 for nonmembers. If your group has more than 10 members, use the second page of this form to list each additional member.

Note: Only multiples of 10 registrants will have the flat rate applied; group with more than 10 but less than 20 people will be registered with the flat rate and the regular registration rate for registrants #11-19.

Submit the Form

Fax or email a copy of this form with completed credit card information to 651-542-1517 or registrar@minnesotanonprofits.org

Mail this form with an enclosed check to:
Minnesota Council of Nonprofits
Attn: Accounts Receivable
2314 University Ave W. Ste 20
St. Paul, MN 55114

Accessibility Requests

MCN strives to ensure our events are accessible to all individuals. If you have an accommodations request, such as a sign language interpreter, please contact MCN's program assistant at kmccaffery@minnesotanonprofits.org by September 30. Although we attempt to meet all accommodation requests, late requests may not be fulfilled.

Additional Group Registrants

Registrant 11 Name	Email
Registrant 12 Name	Email
Registrant 13 Name	Email
Registrant 14 Name	Email
Registrant 15 Name	Email
Registrant 16 Name	Email
Registrant 17 Name	Email
Registrant 18 Name	Email
Registrant 19 Name	Email
Registrant 20 Name	Email

Payment Information

Event fee (\$750 for members/\$1,250 for nonmembers): \$ _____

Fee for additional individuals: \$ _____

Total Fee: \$ _____

Check one: Check enclosed Bill credit card

Credit Card Number _____ Card Expiration Date _____

Name (as it appears on card) _____

Organization Name (for corporate card) _____

Billing Address (if different than above) _____

Cardholder Signature _____