

Reimagine Nonprofits

* OCTOBER 14, 15, 28, 29



Event ID: 2887

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: _____

MCN strives to ensure that this conference is accessible to all individuals. If you have accommodation requests, such as sign language interpreters or other accessibility requirements, please submit your request during the online registration process or via email at events@minnesotanonprofits.org. Although we will attempt to meet all accessibility requests, requests submitted after September 30 may not be fulfilled.

Registration Fees

	MCN Members	Nonmembers
Save the Date (7/12 - 8/4)	\$99	\$159
Early Bird (8/5 - 9/3)	\$139	\$199
Regular (9/4 - 10/16)	\$179	\$249

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: _____ CSV: _____

Organization (if corporate card): _____

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

Cardholder Signature: _____