



Registration

Participant Information

Name _____

Title _____ Organization's Full Name _____

Organization's Street Address _____

City/State/Zip _____

Email _____ Ten-Digit Phone Number _____

Membership Status

Are you an MCN member? Yes - Skip to Event Details No - See below

Join today and save on workshop fees and more! For information on membership benefits please visit www.minnesotanonprofits.org.

Annual operating budget is:	Annual dues:
Under \$49,999	\$50
\$50,000 - \$99,999	\$75
\$100,000 - \$199,999	\$125
\$200,000 - \$399,999	\$175
\$400,000 - \$699,999	\$300
\$700,000 - \$999,999	\$500
\$1 million - \$2 million	\$650
\$2 million - \$3 million	\$800
\$3 million - \$5 million	\$950
\$5 million - \$10 million	\$1,200
\$10 million - \$20 million	\$1,500
above \$20 million	\$1,750

Organization's Full Name _____

Executive Director _____

Federal ID Number _____

*Businesses, consultants, and individuals not associated with a nonprofit can join as an **Associate Member**. Please visit www.minnesotanonprofits.org/membership for more information.

Event Details

Name of Event: _____ Event Date: _____

Payment Information

Event Fee: \$ _____ Please indicate the event fee that corresponds to your member status.

Other Fee: \$ _____ Please include your new membership dues or membership renewal (optional).

Total Fees: \$ _____

Check one: Check enclosed Please bill my credit card

_____ / _____

Credit Card Number _____ CVW Code _____ Expiration Date _____

Name (As it appears on card) _____

Organization Name (For a corporate card) _____

Billing Address (If different than above) _____

Cardholder Signature _____

Registration Instructions

Register Online at www.minnesotanonprofits.org

Fax or email a copy of this form with completed credit card information to 651-642-1517 or registrar@minnesotanonprofits.org

Mail your completed registration form and check or credit card payment to: Minnesota Council of Nonprofits, 2314 University Ave. W., Ste. 20, St. Paul, MN 55114.

Additional Attendee Information:

Please use the below spaces if you wish to register more than one person for the same workshop on the same date. It is important to note that workshop fees are per person and that each person's membership status is verified during registration processing. Registrants not affiliated with an MCN member will be charged the nonmember rate.

Attendee #2

Name _____

Title _____

E-mail _____

Attendee #3

Name _____

Title _____

E-mail _____

Attendee #4

Name _____

Title _____

E-mail _____

Please Note

MCN strives to ensure that our events are accessible to all individuals. If you have accommodation requests, such as sign language interpreters or other accessibility requirements, please contact MCN's program coordinator at sstjohn@minnesotanonprofits.org at least two weeks prior to the event. Although we will attempt to meet all accessibility requests, late requests may not be fulfilled.