



## 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, visit [www.minnesotanonprofits.org](http://www.minnesotanonprofits.org).

Annual operating budget is:	Annual dues:
Under \$24,999	\$50
\$25,000 - \$49,999	\$75
\$50,000 - \$99,999	\$100
\$100,000 - \$199,999	\$150
\$200,000 - \$399,999	\$200
\$400,000 - \$699,999	\$350
\$700,000 - \$999,999	\$550
\$1 million - \$2 million	\$700
\$2 million - \$3 million	\$850
\$3 million - \$5 million	\$1,000
\$5 million - \$10 million	\$1,300
\$10 million - \$20 million	\$1,600
above \$20 million	\$1,850

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](http://www.minnesotanonprofits.org/membership) for more informaton.

### 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](http://www.minnesotanonprofits.org)

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