# REGISTRATION FORM





### 2025 MCN ANNUAL CONFERENCE

October 9-10, Saint Paul RiverCentre

Organization Information: Team registrants must be from the same organization.				
Organization Name:				
Address:	City:	State:	Zip:	
Phone:	Email:			
Registrant(s): Register three p	people from the same organization and the fourth perso	on is free!		
Name:	Email:			

If you are registering more than four team members, list additional registrants on the second page.

#### **Conference Rates:**

MCN Members	Nonmember
\$285	n/a
\$320	n/a
\$375	\$475
\$415	\$515
\$2,560	\$4,275
	\$285 \$320 \$375 \$415

The deadline for Small and Large Team registration is October 1.

Payment information on the second page.

#### **Pay What You Can Rates:**

We encourage you to pay the registration rate that is meaningful and possible for you and/or your organization. If your attendance is dependent on a PWYC rate, please register with the code that corresponds with your accessible price point below. The rates are for individuals and do not apply to small- and large-group registrations. For questions about PWYC Rates, please email info@minnesotanonprofits.org.

\$69	(Code: PWYC69)
\$89	(Code: PWYC89)
\$109	(Code: PWYC109)
\$129	(Code: PWYC129)

#### **Accommodation Requests**

MCN strives to ensure our conferences are accessible to all individuals. If any registrants have **dietary or accommodation requests**, such as sign language interpreters or other accessibility requirements, please submit your request via email at <u>info@minnesotanonprofits.org</u>. Although we will attempt to meet all accessibility requests, those submitted after September 18 may not be fulfilled.

#### **Submit the PDF Registration Form:**

By email: registrar@minnesotanonprofits.org

**By fax:** 651-642-1517

By mail: Minnesota Council of Nonprofits, 2314 University Ave West, Suite 20, St. Paul, MN 55114

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Additional Registrants:	Event ID: 3.	.37
Name:	Email:	_
Name:	Email:	
Name:	Email:	_
Name:	Email:	_
Name:	Email:	
Name:	Email:	_
Name:	Email:	_
See the first page for MCN's accommodation request pr	rocess.	
Payment:		
Total Amount Enclosed: \$	☐ Check enclosed (payable to MCN) ☐ Please bill my credit card	
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:		

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