

2026 NONPROFIT FINANCE CONFERENCE



APRIL 23, 2026, IN-PERSON

Conference Rates:

	MCN Members	Nonmembers
Early Bird (through Feb 5)	\$235	NA
Regular (Feb 6 through April 16)	\$315	\$385

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. For questions about PWYC Rates, please email info@minnesotanonprofits.org.

\$129 (Code: PWYC129)
 \$159 (Code: PWYC159)

Organization Information:

Event ID: 3288

Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Registrant(s):

Name: _____ Email: _____ Payment Rate: _____

Name: _____ Email: _____ Payment Rate: _____

Name: _____ Email: _____ Payment Rate: _____

Name: _____ Email: _____ Payment Rate: _____

For Payment Rate, please indicate which rate each individual is using: either Early Bird, Regular, or PWYC. If you are using the PWYC option, please note whether you are using code PWYC129 or PWYC159. If you are registering more than four team members, list additional registrants on the second page.

Accommodation Requests

If you require live captioning, ASL interpretation, or another accessibility service, please email info@minnesotanonprofits.org at least three weeks prior to the event (by April 2). Although we will attempt to meet all accessibility requests, late requests may not be fulfilled. All in-person MCN conferences will have space reserved for nursing, prayer, and an all gender restroom available.

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

REGISTRATION FORM

2026 NONPROFIT
FINANCE CONFERENCE

Additional Registrants:

Event ID: 3288

Name: _____	Email: _____	Payment Rate: _____
Name: _____	Email: _____	Payment Rate: _____
Name: _____	Email: _____	Payment Rate: _____
Name: _____	Email: _____	Payment Rate: _____
Name: _____	Email: _____	Payment Rate: _____
Name: _____	Email: _____	Payment Rate: _____
Name: _____	Email: _____	Payment Rate: _____
Name: _____	Email: _____	Payment Rate: _____
Name: _____	Email: _____	Payment Rate: _____
Name: _____	Email: _____	Payment Rate: _____

See the first page for MCN's accommodation request process.

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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