



May 21, 2026 | Minneapolis

MINNESOTA
COUNCIL OF
NONPROFITS



Nonprofit Leadership conference

Organization Information:

Event ID: 3304

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, Late, or PWYC. If you are using a PWYC rate, please include the corresponding code indicated below. If you are registering more than four individuals, list additional registrants on the second page.

Conference Rates:

	MCN Members	Nonmembers
Early Bird (through February 19)	\$235	n/a
Regular (through May 13)	\$315	\$385
Late / Onsite (May 14 and later)	\$345	\$445
Presenter (Code: PWYC129)	\$129	\$129

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)

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 info@minnesotanonprofits.org. Although we will attempt to meet all accessibility requests, those submitted after May 7 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

*For data security purposes, if you are paying with a credit card, please **DO NOT** return this form via email. Instead, please return by fax or mail.



2025

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Additional Registrants:

Event ID: 3304

For Payment Rate, please indicate which rate each individual is using, either Early Bird, Regular, Late, or PWYC. If you are using a PWYC rate, please include the corresponding code indicated below. 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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