

Registration Form

2026 MCN
ANNUAL
CONFERENCE



OCT. 29-30 | ST. PAUL



Event ID: 3344

Organization Information:

Organization Name: _____

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

Phone: _____ Email: _____

Registrant(s):

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

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

Conference Rates:

	MCN Members	Nonmembers
Super Saver (through July 8)	\$300	n/a
Early Bird (through September 1)	\$335	n/a
Regular (through October 19)	\$395	\$500
Late / Onsite (October 20 and later)	\$435	\$540
Pay It Forward	\$554	\$554

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.

\$159 (Code: PWYC159)

\$239 (Code: PWYC239)

Payment information on the second page.

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 October 8 may not be fulfilled.

Submit the PDF Registration Form:

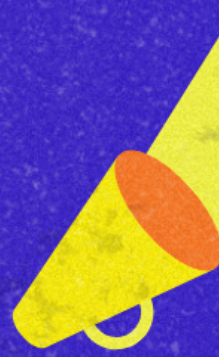
By email: registrar@minnesotanonprofits.org

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: 3344

Name: _____	Email: _____
Name: _____	Email: _____
Name: _____	Email: _____
Name: _____	Email: _____
Name: _____	Email: _____
Name: _____	Email: _____
Name: _____	Email: _____
Name: _____	Email: _____
Name: _____	Email: _____
Name: _____	Email: _____

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: _____	

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