2027

Minnesota Council of Nonprofits

Nonprofit Finance Conference

Thursday, April 29 | Minneapolis

Conference Rates:

	MCN Members	Nonmembers
Early Bird (through Feb 4)	$245	NA
Regular (Feb 5-*April 22*)	$325	$395
Late/Onsite (April 23-29)	$355	$455

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: 3386

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 8). 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

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Registration Form

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Additional Registrants:

Event ID: 3386

Name: Email: Payment Rate:

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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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