registration

Event #1327

All Policy is Local: City + County Advocacy
December 8, 2009

participant information

name

title | organization's full name

organization's street address

city / state / zip

email | ten digit phone

please note any special needs (hearing impairment, mobility, dietary, etc).

membership

Join today and save on workshop fees! For other membership benefits please see **www.mncn.org**.

If your annual operating budget is:	Your annual dues are:
under $99,999	$50
$100,000 – $199,999	$75
$200,000 – $399,999	$125
$400,000 – $699,999	$250
$700,000 – $999,999	$375
$1,000,000 – $1,999,999	$500
$2,000,000 – $2,999,999	$625
$3,000,000 – $4,999,999	$750
$5,000,000 – $9,999,999	$875
$10,000,000 or above	$1,000

organization's full name

executive director

federal id number

*Businesses, consultants and individuals not associated with a nonprofit can join as an **Associate Member**. Please visit www.mncn.org/associate.htm for more informaton.

payment

Fees: $45 for MCN Members/ $60 for Nonmembers

Check one:

☐ Check enclosed ☐ Please bill my credit card

Join MCN! My organization's membership dues are (see above table): _____.

Total Enclosed: _____

Your membership status is verified during registration processing; registrants not affiliated with an MCN member will be charged nonmember rates.

card | ☐/☐ expiration date

name (as it appears on card)

organization name (If corporate card)

billing address (if different than above)

cardholder signature

register

Online: www.mncn.org/events.htm

Fax your completed registration form and credit card information to 651-642-1517.

Mail your completed registration form and payment to: MCN, 2314 University Ave. W., Ste. 20, St. Paul, MN 55114.

Additional attendee information

Please use the below spaces if you wish to register more than one person for the same workshop on the same date. Please note that workshop fees are per person and that each person's membership status is verified during registration processing. Registrants not affiliated with an MCN member will be charged the nonmember rate.

Attendee #2

name

title

e-mail

please note any special needs (hearing impairment, mobility, etc).

Attendee #3

name

title

e-mail

please note any special needs (hearing impairment, mobility, etc).

Attendee #4

name

title

e-mail

please note any special needs (hearing impairment, mobility, etc).