

registration

## All Policy is Local: City and County Advocacy November 12, 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](http://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](http://www.mncn.org/associate.htm) for more informaton.

### payment

Fees: \$35 for MCN Members/ \$50 for Nonmembers

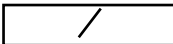
Check one:

- 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](http://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).