

registration

Event #varies, see below

### NAF Financial Management Series Calculating True Program Costs

#### 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

Select:  Calculating True Program Costs, 4/13/2010, #1395  
 Calculating True Program Costs, 8/10/2010, #1399

Fee: \$45 for MCN members / \$65 for nonmembers

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 the nonmember rate.

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).