

registration

Fundamentals of Budgeting
September 21, 2010

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.

Table with 2 columns: If your annual operating budget is: and Your annual dues are:
Rows include budget ranges from under \$99,999 to \$10,000,000 or above with corresponding dues from \$50 to \$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: MCN members \$25 Nonmembers \$35

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

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).