

Employee Benefit Cost Containment
(for large organizations with more than 50 employees)
September 22, 2009 - Afternoon

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/ \$65 for Nonmembers

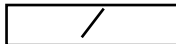
Check one:

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). _____