



# 2019 MARRCH SPRING CONFERENCE

May 16-17, 2019 | Grand View Lodge | Nisswa, MN

## Attendee Registration Form

A completed form with payment MUST be received to attend this conference. (Please type or print clearly)

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### RATES

	Early Rate (by April 16)	Regular Rate (after April 16)	
Full Conference — MARRCH Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$255	
Full Conference — Non-member	<input type="checkbox"/> \$295	<input type="checkbox"/> \$325	
Full Conference — Student Member	<input type="checkbox"/> \$125	<input type="checkbox"/> \$155	
Full Conference — Student Non-member	<input type="checkbox"/> \$149	<input type="checkbox"/> \$179	
One Day Rate — MARRCH Member	<input type="checkbox"/> \$125	<input type="checkbox"/> \$145	<input type="radio"/> Thurs. <input type="radio"/> Fri.
One Day Rate — Non-member	<input type="checkbox"/> \$175	<input type="checkbox"/> \$195	<input type="radio"/> Thurs. <input type="radio"/> Fri.
One Day Rate — Student Member	<input type="checkbox"/> \$75	<input type="checkbox"/> \$95	<input type="radio"/> Thurs. <input type="radio"/> Fri.
One Day Rate — Student Non-member	<input type="checkbox"/> \$99	<input type="checkbox"/> \$119	<input type="radio"/> Thurs. <input type="radio"/> Fri.

Which track do you plan to attend?

Native American Track

Co-occurring Track

Are you a first time attendee?

Yes  No

**Thursday Evening Meal**  
(included in registration fee)

I plan to attend

I will not attend

Number of guest tickets needed:

\_\_\_\_\_ at \$20 each = \$\_\_\_\_\_

### PAYMENT (all fields required)

Check (Payable to MARRCH)  Visa  Mastercard

Total amount enclosed: \$\_\_\_\_\_

P.O. Number (must also attach your purchase order paperwork)

Credit card number: \_\_\_\_\_ 3-digit security code: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Cardholder phone: \_\_\_\_\_ Cardholder name (please print): \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card Billing Address:  Same as Above

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Please send to:

**MARRCH**

**1000 Westgate Drive, Suite 252 | St. Paul, MN 55114**

**Fax 651-290-2266 | www.marrch.org**

(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		

*Cancellation Policy: With written cancellation notice, received by April 16, 2019, you will receive a full refund, less a \$50 administrative charge. Cancellations after April 16, 2019 are nonrefundable. Notices of cancellation must be submitted online at [www.marrch.org/page/cancellation](http://www.marrch.org/page/cancellation). No-shows will not receive refunds.*

*Special Requirements: If you have a food allergy or disability and special arrangements are needed, please contact Emma Penzenstadler ([emmap@marrch.org](mailto:emmap@marrch.org)) or 651-288-3421) at least four weeks prior to the program.*