



MINNESOTA PLANNED GIVING COUNCIL

2018 ANNUAL CONFERENCE REGISTRATION
OCTOBER 23-25, 2018 | METROPOLITAN STATE UNIVERSITY

ATTENDEE INFORMATION — please complete all fields

Name: _____

Organization (as you would like listed on your name badge): _____

Address: _____

City/State/Province/Zip: _____

Phone: (_____) _____

Email: _____

I have special dietary needs: Vegetarian Vegan

Gluten Free

This is my first MPGC Conference

I am attending: Wednesday Thursday Both

FEES:

Conference Only	Before 9/7	After 9/7
Member	<input type="checkbox"/> \$390	<input type="checkbox"/> \$415
Non-Member	<input type="checkbox"/> \$450	<input type="checkbox"/> \$475

Brisk Walk Only –October 23, 2018

Member	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225
Non-Member	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225

Conference + Brisk Walk

Member	<input type="checkbox"/> \$560	<input type="checkbox"/> \$600
Non-Member	<input type="checkbox"/> \$620	<input type="checkbox"/> \$660

MPGC Membership + Conference

Member	<input type="checkbox"/> \$515	<input type="checkbox"/> \$540
Non-Member	<input type="checkbox"/> \$515	<input type="checkbox"/> \$540

One Day Conference

Member	<input type="checkbox"/> \$275	<input type="checkbox"/> \$300
Non-Member	<input type="checkbox"/> \$335	<input type="checkbox"/> \$360

Brisk Walk + One Day Conference

Member	<input type="checkbox"/> \$475	<input type="checkbox"/> \$525
Non-Member	<input type="checkbox"/> \$535	<input type="checkbox"/> \$585

Retiree (Full Conference)

Member	<input type="checkbox"/> \$275	<input type="checkbox"/> \$300
Non-Member	<input type="checkbox"/> \$335	<input type="checkbox"/> \$360

Plenary Guest

Member	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50
Non-Member	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50

Plenary session guest tickets - \$50 per session/per person

	Oct 24 8:30am	Oct 24 12:30pm	Oct 24 3:00pm	Oct 25 8:30am	Oct 25 12:45pm	Oct 25 3:15pm
1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total (\$) _____

PAYMENT INFORMATION

(Payment in full must accompany registration.)

Total Payment Enclosed: _____

Method of Payment: _____

Check enclosed, payable to MPGC

VISA MasterCard

Card Number _____

Exp. Date _____ 3-digit Security Code (req.): _____

Cardholder Name (print) _____

Cardholder Phone _____

Billing Address (if different than above) _____

City/State/Province/Zip _____

Cardholder Signature _____

Mail or Fax form to MPGC office:

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

Phone: 651-290-7474 | Fax: 651-290-2266

www.mnpgc.org

Please do not email forms with credit card information. To protect your data and to comply with PCI standards, the MPGC office will not accept emailed credit card information.

(For office use only)

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