



**MINNESOTA PLANNED GIVING COUNCIL**

**2017 ANNUAL CONFERENCE GROUP REGISTRATION**

NOVEMBER 15-16, 2017 | ST. PAUL RIVERCENTRE

**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 9/29*      *After 9/29*

Member	<input type="checkbox"/> \$390	<input type="checkbox"/> \$415
Non-Member	<input type="checkbox"/> \$450	<input type="checkbox"/> \$475

**Brisk Walk Only –November 14, 2017**

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

**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**

	Nov 15 8:30am	Nov 15 12:15pm	Nov 15 3:00pm	Nov 16 8:30am	Nov 16 12:30pm	Nov 16 3:00pm
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

*(For office use only)*

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