



Education Program Event Registration Form

Tuesday, July 25, 2017

Education Program:
*A Vision of Philanthropic
Leadership*

Location:
Midland Hills Country Club
2001 Fulham St.
Roseville, MN

Please print the form and mail or fax to the MPGC office. Please print legibly, and use one form per registrant.

Name: _____

Organization: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Email: _____

I am bringing a guest. *(Please include a separate registration for each guest)*

Payment Options:

Education Program

Member \$45

Non-member \$70

Registration and payment must be RECEIVED by 5:00 p.m. on July 18, 2017. Refunds will be given to those who call and cancel before this date.

Please return this form with payment to the MPGC office.

Grand Total: \$ _____

Check *(made payable to MPGC)* Visa MasterCard

If paying by credit card, all fields below are required. Note: Full payment must accompany order to reserve your space.

Name of Cardholder (print): _____

Card Number: _____

Exp. Date: _____ 3-digit Security # _____

Cardholder Address: Same as above

Authorized Signature: _____

Due to PCI Compliance, please do NOT provide any credit card information via email. Call or fax it in only.

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(For office use only)

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