



2008 Conference Registration Form

Saturday, April 26, 2008

8:00am – 3:00pm

North View Junior High School

5869 69th Avenue North, Brooklyn Park, Minnesota 55429

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Institution/Position: _____

Lunch (circle): Vegetarian Meat

Pre-registration must be received by **April 11th**; all other registrations will only be accepted the day of the conference and rates increase by \$10 for NAME members and non-members. Please note that space is limited so pre-registration is strongly encouraged.

\$40	NAME Member	_____
	Low Income Participant	_____
	Student	_____
\$50	Non-NAME Member	_____
\$	Donation to MN-NAME	_____
	TOTAL:	_____

No refunds will be issued for cancellation. MN-NAME Tax ID number: 76-0834836

Receipts will be provided in registration materials received day of conference.

All Checks must be made out to MN-NAME and mailed, along with this form, to:

MN—NAME
 PO Box # 26091
 Saint Louis Park, Minnesota 55426