

REGISTRATION FORM
33rd Annual Minnesota Policy Conference
October 18, 2017
CF0789

Last Name	First Name	M.I.
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Affiliation

Email	Phone
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Work Address	City	State	Zip Code
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Please check which concurrent sessions you plan to attend

- 10:30 - 11:45 a.m. 1 2 3 4
12:45 - 2:00 p.m. 5 6 7 8
2:15 - 3:30 p.m. 9 10 11 12

Please select a luncheon meal choice

- Chicken salad Ham sandwich Veggie Wrap I will not be attending the luncheon

Do you have any dietary restrictions?

- Yes _____ No

Registration Fees

- Enclosed is \$185
 Enclosed is \$85 student fee – email current fee statement to cceconf5@umn.edu

Method of Payment

- Enclosed is a check or money order payable to the University of Minnesota in U.S. funds drawn on a U.S. bank
 Please bill my organization (purchase order or letter of authorization attached)
 Please charge my UM EFS#: _____
 Please charge my: Visa MasterCard Discover/Novus American Express

Card Number	Expiration Date
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Name as it appears on card	Signature of cardholder
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Online
www.cce.umn.edu/mnpolicy

Fax
612-624-5359

Mail
CCE Registration, University of Minnesota
353 Ruttan Hall
1994 Buford Avenue
Saint Paul, MN 55108

The information on this form is private data, used to identify and locate you, obtain payment, and enable instructors to better know their audience. Name address, and method of payment are mandatory.