



Workshop Series Registration Form

Name _____ Today's date _____

Title _____ Organization _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Email _____

I am a Minnesota Council of Nonprofits (MNCN) member

The workshop will include an opportunity to work on real-life situations experienced by participants. Please use the space below to describe an evaluation issue you are facing in your organization; we will draw on the description during the course of the workshop as time allows.

How did you hear about our workshops? _____

Workshop Title	Regular Fee	MNCN Member Fee
How Do I KNOW That: Creating tools to understand program outcomes October 3rd 9:00am – 12:30pm	<input type="checkbox"/> \$150	<input type="checkbox"/> \$115
Inside Knowledge, Outside Perspective: Evaluating your organization from within October 4th 9:00pm – 12:30pm	<input type="checkbox"/> \$150	<input type="checkbox"/> \$115
Total Payment for Workshop(s) enclosed: \$		

MAILING AND PAYMENT INFO

Complete a registration form for each applicant and send with a check for payment made out to the Improve Group to:

Attention: Susan Murphy
The Improve Group, Inc.
2051 Killebrew Drive, Suite 620
Bloomington, MN 55425-1805

At this time the Improve Group does not accept cash or credit cards for workshop fees.

A receipt of payment will be emailed at the time of check clearance.

For more information, contact Susan Murphy at susanm@theimprovetgroup.com or toll free at 1-877-467-7847, Ext. 806

Participants may receive a full refund with at lease a 30-day notice. Participants may transfer their registration to another person or course at any time up to one week prior to the workshop. The Improve Group reserves the right to cancel the workshop and will either reschedule or refund the registration fee in event of a cancellation.