MCFOA
MINNESOTA CLERKS & FINANCE OFFICERS ASSOCIATION

MCFOA 2010 Advanced Academy (MCAA) Conference Registration
May 13 - 14, 2010
Radisson Hotel Bloomington by the Mall of America

Name (First) [_____] MI [___] Last [_____]

Work [_____] Title/Position [_____]

E-mail [_____]

Work Address [_____]

Work City [_____] State [___] Zip Code [_____]

Work Phone [_____] Fax [_____]

Soc. Sec # (last 4 digits) [_____] Birth Date (MM/DD/YYYY) [_____] For CEUs/Transcript purposes only

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 payment method are mandatory. If you desire CEU certification and do not supply a Social Security number an alternative identifier will be used.

☐ I do NOT want to be included on the registrant list for distribution to participants.

Scholarship and payment Information

☐ MCFOA member: $230 by April 30, 2010

☐ MCFOA member: $250 after April 30, 2010

☐ I have received an MCFOA scholarship. Please register AFTER you have confirmation of your scholarship.

Scholarship Amount $ [_____] Total Amount Due $ [_____]

☐ Enclosed is $ [_____] in payment of the MCAA Academy.

(Check or money order is payable to SCSU. A $20 service charge will be applied if returned for insufficient funds, closed account, or stop payment request.

☐ Please bill my employer, reference Purchase Order number [_____]

☐ Please charge my credit card in amount of $ [_____]

☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Card Number [_____] Exp. Date [_____]

Name as it appears on your credit card bill [_____]

Address as it appears on your credit card bill [_____]

Authorized Signature _____

Send registration form by mail or e-mail:
Mail: St. Cloud State University
       Attn: Gail Ruhland, CCS
       720 Fourth Avenue South
       St. Cloud, MN 56301-4498
E-Mail: cekstanek@stcloudstate.edu
Fax: 320.308.4126   Confirmation letter and map will be mailed to all registered participants.