



## Registration • MGTA Seminar • April 9, 2015

TARGET CORP. (TARGET NORTH CAMPUS LOCATION) | BROOKLYN PARK, MN

- MGTA Member**      \$45
- Non-Member**     \$55
- Student**          \$10

### Main Contact Information *(additional registrants will be listed on page 2)*

Contact Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Payment

- Check enclosed (payable to MGTA)     VISA/MasterCard
- If payment by credit card, All fields are required):

Cardholder Name: \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-digit Security Code \_\_\_\_\_

Billing Address ( Same as above): \_\_\_\_\_

Billing City/State/Zip: \_\_\_\_\_

Cardholder Phone: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

*Cancellation Policy: With written cancellation notice, received at least 1 week prior to the event, you will receive a full refund, minus a \$10 administrative fee. No-shows will not receive refunds.*

**SEND COMPLETED FORM WITH TOTAL PAYMENT TO:**  
 MGTA, 1000 WESTGATE DR., SUITE 252  
 ST. PAUL, MN 55114 OR FAX TO 651-290-2266

**FOR QUESTIONS, CALL THE MGTA OFFICE AT 651-290-7482**

**(For office use only)**

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



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## Additional Registrants Sign-Up

Please make copies of this page if you exceed four additional attendees.

### Additional Attendee One

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_  
 MGTA Member \$45       Non-Member \$55       Student \$10

### Additional Attendee Two

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_  
 MGTA Member \$45       Non-Member \$55       Student \$10

### Additional Attendee Three

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_  
 MGTA Member \$45       Non-Member \$55       Student \$10

### Additional Attendee Four

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_  
 MGTA Member \$45       Non-Member \$55       Student \$10

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