

2014 Minnesota Municipal Clerks Institute (MMCI) | April 28 - May 2, 2014

Name (First) (MI) (Last)

Work Title/Position

Work Address

Work City State Zip Code

Phone Number Ext. Email

SS# (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. Name, address, and payment method are mandatory.

Please enroll me in the 2012 MMCI for (note: you must designate a year): Year One Year Two Year Three

Population Is your Fire Department a Volunteer Fire Department

I plan on attending the BBQ on Monday, April 28, 2014 (included in registration fee)

I plan on attending the banquet on Thursday, May 1, 2014 (included in registration fee)

Guest Banquet Ticket(s) - \$30 each

Scholarship and payment information:

MCFOA member: \$410 by April 1, 2014 Non-MCFOA member: \$450 by April 1, 2014

MCFOA member: \$430 after April 1, 2014 Non-MCFOA member: \$470 after April 1, 2014

I have received an MCFOA scholarship. Please register AFTER you have confirmed your scholarship.

Scholarship Amount. TOTAL amount due: \$

Enclosed is \$ in payment of the MMCI Institute.

Payment Information:

Check or Money Order in the amount of:

Check or money order is payable to SCSU. A \$30 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 the amount of \$ Visa
 Master Card

Card Number Exp. Date Discover

Name as it appears on your credit card bill

Address as it appears on your credit card bill

City State Zip Code

Authorized Signature: _____

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

Registrations closes April 18th, 2014. Register via: mail, email, fax or phone.

To register by mail please print and mail to the address below. To register by email please print, scan and email to the address below. To register by fax or phone please fax/call the numbers listed to the right. A confirmation letter and map will be emailed.

Mail: St. Cloud State University
Attn: Amber Sonsalla, BH211
720 Fourth Avenue South
St. Cloud, MN 56301-4498

Email: register@scsutraining.com

Fax: 320.308.4126 **Phone:** 320.308.4962