Great Lakes Center for Youth Development

Registration Office:

307 South Front Street • Marquette, MI 49855 • www.glcyd.org
(906) 228-8919 • Toll Free 877-339-6884 • Fax (906) 228-7712

MNA Michigan Nonprofit Association

U.P. Nonprofit Conference

"Today's Challenges - Practical Approaches"

October 7, 2005
8:00 a.m. – 3:30 p.m.
Ramada Inn
Marquette, Michigan

REGISTRATION NOTES:

- Conference capacity is **limited** – register today!
- Registration fees are nonrefundable: you may designate an alternate registrant if necessary
- Be sure to identify any pre-conference sessions you plan to attend
- The pre-conference reception is open to all participants at no charge; please indicate whether you plan to attend

REGISTER EARLY!
Make checks payable to:
Great Lakes Center for Youth Development.

Register by mail, fax, or online:
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307 S. Front Street
Marquette, MI 49855
Fax: (906) 228-7712
Online: www.glcyd.org

For more information or any questions, please contact Ann Gonyea at (906) 228-8919 or e-mail amgonyea@glcyd.org.

Youth Scholarships Available – Contact the Center!

Participant Registration

This form may be copied if needed.

Register by mail, fax, or online at www.glcyd.org.

(Please Print)

Name: _____

Organization: _____

Job Title: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

County: _____

Phone: ( ) _____ **Fax: ( )** _____

E-mail: _____

O **Yes**, I am a member of the Great Lakes Center for Youth Development (GLCYD) and am eligible for the discounted registration fee

O **I would like to JOIN GLCYD & MNA Now** and begin my discounts today! (Membership information is available online at www.glcyd.org.)

Conference Registration Rates:

Early Bird (by September 16)		
O GLCYD Member	$ 50	$ _____
O Non-Member	$ 65	$ _____
Regular Registration (by October 6)		
O GLCYD Member	$ 65	$ _____
O Non-Member	$ 80	$ _____
On-Site Registration (space permitting)		
O GLCYD Member	$ 80	$ _____
O Non-Member	$ 95	$ _____

Pre-Conference Sessions on October 6
O Yes, I will attend

Session Title:	**Cost:**	
_____	$ _____	$ _____
_____	$ _____	$ _____

Total Amount Enclosed: **$** _____

Payment Information:

O Credit Card O Check O Bill My Organization O PayPal.com

O Visa O MasterCard Card Number: _____ Expiration Date: _____

Have GLCYD coupons and want to use them? O $5 * ___ O $10 * ___

Plan to attend Thursday night reception? O Yes O No