

2019 Minnesota Municipal Clerks Institute (MMCI)

May 6 - 10, 2019

Name (First) (MI) (Last)
City of Employment Title/Position
Work Address
City State Zip Code
Phone Number Email

Birth Date MM/DD/YYYY (For CEUs/Transcript purpose only)

The information on this form is private data, used to identify and locate you.

Registration Fees: Cancellation Policy: Refunds, minus \$30 processing fee, if written cancellation received by 4-12-19

MCFOA Member: \$445.00 by April 5, 2019 \$465.00 postmarked/received after April 5, 2019

MCFOA Non-Member: \$485.00 by April 5, 2019 \$505.00 postmarked/received after April 5, 2019

Please enroll me in the 2019 MMCI for: Year One Year Two Year Three

I will be attending the Monday night social (included in registration fee)

I will be attending the Thursday night banquet (included in registration fee)

Additional Guest Banquet Ticket(s) - \$30.00 each Number of tickets:

If you are applying for a scholarship, register after you receive notification from the MCFOA of its decision. You will be able to complete your registration prior to the early registration deadline.

I have received a MCFOA Scholarship in the amount of \$ Total amount due: \$

Payment Information:

Check or money Order in the amount of \$

Please bill my employer, reference Purchase Order Number

City Population: Is your fire department a Volunteer Fire Department?

List any dietary restrictions and/or food allergies:

Institute Policies

All curriculum hours are mandatory, and registrants who do not complete the required curriculum will not be allowed to advance to the next level towards graduation. There is a strict adherence to punctuality in each session and no cell phone calls or texting are allowed in the classroom. Attendance will be tracked. In rare instances related to emergencies, excused absences are allowed if approved by the Institute Director. These excused absences will require a "makeup assignment" that is provided by the Institute Director (who will collaborate with the instructor prior to the end of the programming).

Participants who fail to comply with attendance and punctuality requirements will not receive a certificate of completion.

I have read and agree to the Institute Policy

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

Indicate who you would like your name printed on your name tag (first and last name):

To register by mail, please print and mail to the address below. To register by email, please send to email address below.

Mail: St. Cloud State University

720 4th Ave S

Attn: Roxann Neu, BH 211A

St. Cloud, MN 56301

Email: register@scsutraining.com

Phone: 320-308-4962