

2018 Allied Charities Convention and Exposition Registration
Sanford Center 1111 Event Center Drive NE, Bemidji, MN 56601 November 15 - 17

Organization Name _____
 Gambling License # _____
 Address _____
 City _____
 Phone number of person registering the organization _____
 E-mail address if you would like a confirmation _____

Member Attendees \$175, Spouse/Significant Other Non Organization Attendees \$65
 If your organization is not currently an ACM member add \$275
 Make checks payable to Allied Charities of Minnesota (ACM)
 Registration includes seminars, Thursday evening welcome party, breaks, continental breakfasts, Friday lunch, Friday evening banquet

First Name _____
 Last Name _____
 Circle: CEO-Gambling Mgr-Org Member-Spouse-Significant Other

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 Last Name _____
 Circle: CEO-Gambling Mgr-Org Member-Spouse-Significant Other

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_____	Member Attendees @ \$175	\$ _____
_____	Spouse/Significant Other Attendees @ \$65	\$ _____
_____	1 ACM Membership @ \$275	\$ _____
_____	Total \$	\$ _____

Mail completed registration with check to ACM 3250 Rice St. St. Paul, MN 55126