



Diversity Not Adversity: An Honest Dialogue about Differences and Working with Diverse Populations

March 13th 2008

8:30am - 12:30 pm

Center for Families

3333 North 4th St. Minneapolis, MN

Registration Form



Name: _____

Agency: _____

Program: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary County Served: _____ Other Counties Served _____

Email: _____ Phone: (_____) _____

Who do you serve?

Please give a rough estimate of the percentages of the following populations your agency serves:

____ African ____ African American ____ American Indian
____ Asian/Pacific Islander ____ Caucasian ____ Hispanic/Latino
____ Other _____

Registration Fees

____ MOAPPP member \$30
____ Non-MOAPPP member \$65
____ I would like to become a MOAPPP member! \$35 Individual; \$100 Organization
(If you join today, you may register at the member rate.)

Method of Payment

- Check or credit card number must accompany your registration form. (please choose one):
- Check made payable to MOAPPP
- Credit card (circle) Visa or Mastercard Card # _____ - _____ - _____ - _____

Expiration Date: ____/____/____

Signature: _____

Name, billing address and zip code for credit card _____

Note: Credit card statement will reflect a charge from CharityBox.com

Bill my agency using purchase order # _____
(Choose this option only if your agency needs a purchase order to make payment.)

Mail or fax registration form with payment to:
MOAPPP: Diversity Not Adversity
1619 Dayton Ave Suite 111, Saint Paul, MN 55104
Fax: 651-644-1417



www.moappp.org