

Organizational Excellence Application

Please Complete Entire Form:

ORGANIZATION:

BUSINESS ADDRESS:

CITY, STATE, ZIP:

PHONE:

NAME (1):

TITLE:

HOME ADDRESS:

CITY, STATE, ZIP:

PHONE: work

home

E-MAIL:

NAME (2):

TITLE:

HOME ADDRESS:

CITY, STATE, ZIP:

PHONE: work

home

E-MAIL:

Registering for: Organizational Effectiveness
\$50 per organization

_____ Amount enclosed (checks, no cash)

_____ VISA or Mastercard accepted

acct.# _____

expiration date _____

Send to:

Northwest Minnesota Foundation
4225 Technology Drive NW
Bemidji, MN 56601