



Event Registration - Payment by Check

Organization:

Organization

Address

City

State

Zip Code

Phone

Fax

Web address

Event Information:

Please tell us more about the event.

For event details, visit www.kynonprofits.org/event_list.

Event Name: _____ Event Date: _____

Applicable Registration Fee(s): _____ We are KNN members: Yes! Not Yet

Participant and Registration Fee:

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Registration Fee(s) \$ _____

KNN Membership
Investment
(if applicable)

\$ _____

To pay via credit card or for information on event registration fees and/or becoming a KNN member, visit www.kynonprofits.org.

Total Enclosed: \$ _____

Check enclosed, payable to Kentucky Nonprofit Network.

Kentucky Nonprofit Network
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