See new mailing address below- please update your records

2025 Minnesota Municipal Clerks Institute (MMCI)

May 5-9, 2025

Name (First)		(MI)	(Last)				
Work Address							
City		State	Zip				
Phone Number		Date of Birth					
Email							
The information on this form is prive	entify you.		Registration (deadline:	April 21, 2025		
Registration fees: \$640.00	stration fees: \$640.00 I received a grant in			Enclose	Enclosed: \$		
Check enclosed in the amou	Bill my employer - PO #:						
Any registrations postmarke	ed/received after A	pril 21, 2025 will	incur a \$25.0	00 late registrat	ion fee.		
Confirm your year in the Institute:	Year 1	Year 2	Year 3				
Year 1 Attendees: Have you comple Yes No	eted at least 9-12 m	nonths of employ	ment in a m	unicipal setting	before att	ending?	
Are you a MCFOA Member? This is	an individual memb	pership, not a city	/ membershi	p. Yes	No		
City of Employment	Title/Position						
City's Population	tion Is your fire department vo		partment vol	lunteers?	Yes	No	
Wil you be attending the following	(included with you	r registration)					
Monday night social	Yes No	Thursd	ay banquet	Yes	No		
List any dietary restrictions/food a	llergies:						
Institute Policy: All curriculum hou be allowed to advance to the next le	• •	ation. There is a	strict adhere	nce to punctual	ity 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: Yes No

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

If you need an invoice, please email the completed registration form to: PACE@stcloudstate.edu

Mail: St. Cloud State University

720 4th Ave S

Email: PACE@stcloudstate.edu ATTN: Roxann Neu - PACE / MC102D

St. Cloud MN 56301

Phone: 320-308-4962



