



MINNESOTA NETWORK OF
HOSPICE & PALLIATIVE CARE

ALLIED ORGANIZATION MEMBERSHIP 2020

*Please fill out the form, print, sign and return to MNHPC with an enclosed check.
By completing this application, your organization agrees to support MNHPC's mission.*

Contact Information

Organization Name _____

Key Contact Person _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____ (This e-mail address will receive MNHPC's weekly e-newsletter)

Website _____

A check is enclosed in the amount of: \$330 Nonprofit \$450 For-Profit

***Signature required** _____

Questions about Your Membership?

Please note, membership is based on calendar year. For questions about MNHPC membership, contact us at (651) 917-4616 or email info@mnhpc.org.

Visit our website at www.mnhpcconference.org for exhibiting opportunities at the annual MNHPC Conference.

As an Allied Organization Member of Minnesota Network of Hospice & Palliative Care, you have the opportunity to exhibit at the MNHPC Annual Conference at a discounted rate. This national-caliber conference attracts health care professionals from across the Midwest.

Please mail this application to the address below with an enclosed check. If you choose to pay with a credit card please visit: www.mnhpc.org/alliedmembership

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