

Compassion Capital Fund Project Workshop Registration

Name(s): _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail: _____

I/we want to register for the following workshops:

- | | | |
|-------|------|--|
| _____ | 1/19 | Leadership in the Small Nonprofit |
| _____ | 1/26 | Board Development |
| _____ | 2/2 | Community Alliances |
| _____ | 2/9 | Coping With Cutbacks |
| _____ | 2/16 | Fundraising: Research Methods |
| _____ | 2/23 | Fundraising: Grant Writing |

Please send your registration form to:
Compassion Capital Workshop Registration
Center for Families
3333 North 4th Street
Minneapolis, MN 55412

Questions? Contact Bridget Ryan at: bryan@gmcc.org or 612-276-1570

We look forward to seeing you!