

2009 CUNA ATTORNEYS' CONFERENCE

REGISTRATION FORM

Sunday, November 15th – Wednesday, November 18th
The Ritz-Carlton San Juan, Puerto Rico

Name _____ Badge Name _____ With / Without Title _____

Firm Name (If Applicable) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____ E-Mail Address _____

Bar No/State: _____ I Represent _____ Affiliated CU _____ CU League
_____ Non-Affiliated CU (See Special Pricing Below)
_____ In House League Compliance (sponsored and accompanied by league attorney)

Name of league, CU or Firm you represent _____
(Please be specific – only one can be listed on roster and badge due to limited space)

What would you like listed on roster and badge? _____ Firm _____ Credit Union _____ League [Check only one]

Spouse/Guest/Child Name(s) (as they should appear on badge) _____

In case of emergency please contact: Name Phone _____ Phone _____

___ Special services required (including dietary) and describe the services required _____

___ First Time Attendee _____ Check here if you will not be staying at the conference hotel.

Payment And Fees	Attys. Who Represent League(s)or Affiliated CUs	Attys. Who Represent Non-Affiliated CUs
[] Registration Fee (CACPR09)	\$1295	\$1395
[] Spouse/Guest Fee (CASPR09) (includes Sunday reception, M-T-W breakfasts & Tues. dinner)	\$ 250	\$ 250
[] Child Fee (CACHPR09) (per child; age 10 and under)	\$ 75	\$ 75
Total Amount	\$ _____	\$ _____

Payment Methods: (1) Check to: Credit Union National Association, Inc. (2) Credit Card or (3) Register on-line at http://www.cuna.org/events/2009_atty_conf.html

Charge \$ _____ Total To My [] Visa [] MasterCard **[We Do Not Take American Express]**

Credit Card # _____ / _____ / _____ Exp. Date _____

Print name as it appears on card _____ Signature _____

MAIL REGISTRATION FORM AND PAYMENT TO: Credit Union National Association, Inc., Attn Accounting, Po Box 78546, Milwaukee, WI 53278-0546 or you may fax your registration form to (608) 231-4998. Payment must be made at time of registering. Confirmation will be sent to you upon registration – including a Personal Code necessary to secure hotel reservations. Please allow at 3- 5 business days to process confirmation.

CONFERENCE REGISTRATION FEE REFUND POLICY: Refunds will be issued until October 1st minus a \$100 administrative fee. CUNA will be held responsible for all rooms reserved by conference attendees that are cancelled after October 1st; therefore, **NO REFUNDS WILL BE ISSUED AFTER OCTOBER 1st.** Registration substitutions accepted anytime. All cancellations must be submitted in writing to Amy Larson, P.O. Box 431, Madison, WI 53701, faxed to 608/231-4881, or by email to alarson@cuna.coop

HOTEL ACCOMMODATIONS: Please use the hotel reservation instruction form and contact the hotel directly by **OCTOBER 1, 2009.** Requests received after that date will be made on an availability basis. Hotel charges are to be handled by you at check-out time. Room rates do not include sales and local taxes, resort fees, parking or other gratuities and surcharges.

Please Note: Room rates will not be honored if attendee has not registered with CUNA for the conference.

By registering, you consent to have your identifying information published in the conference roster and to receive information regarding this and future CUNA Attorney Conferences via facsimile to the fax number you have provided. If you would rather not receive this information or if you need further information, please contact Amy Larson at 1-800-356-9655, Ext. 4117 (Amy Larson) or e-mail alarson@cuna.coop

For CUNA's use only

Room _____

For Office Use Only		M1
Customer # _____	Parent # _____	
Authorization _____	Order # _____	

Confirmed _____