

GEORGIA FALL SYMPOSIUM, MARKETING COUNCIL, & RISK MANAGEMENT COUNCIL
October 7-9, 2009 • Hilton Head, SC

ATTENDEE INFORMATION

Please complete one form per registrant. Type or print all information. Photocopy for multiple registrations.

Legal Name _____

Preferred Name on Badge _____

Title _____

CU Name _____

CU Mailing Address _____

City _____ State _____ Zip _____

CU Phone Number (_____) _____ Fax Number (_____) _____

Attendee E-mail _____

(Important attendee/guest confirmation and program information will be sent electronically to the attendee e-mail address. If you would like an additional copy of the confirmation forwarded, please provide the contact email.)

CONTACT INFORMATION (*required field)

If CUNA requires more information, whom may we contact? This will help us in processing your registration more quickly.

Name: _____

Email: _____ Phone (_____) _____

Are you CUNA/League affiliated? Yes No

Please note: Affiliation with CUNA/League is required for attendance, but limited exceptions may apply. Please contact CUNA prior to making travel arrangements to confirm eligibility.

Check here if you have any disability that requires special services. (describe below)

In case of emergency, please contact (required):

Day contact name _____ Phone (_____) _____

Night contact name _____ Phone (_____) _____

Completion of this form shall signify authorization to assist the registrant in emergency situations and to use the information on the form, or otherwise provided by registrant, in such situations.

PAYMENT METHOD (Payment must accompany registration form)

Enclosed is a check, made payable to CUNA, Inc.

Credit card (Fax to 608-231-4327)

Charge \$ _____ to my Visa® MasterCard®

Card account number _____ / _____ / _____ / _____

Expiration date _____

Print name as it appears on card _____

Signature _____

Please ACH debit my account for the amount indicated above as follows:

Depository Name _____

ABA # _____ (9 digits) Account # _____ (no G/L#s)

*In accordance with NACHA Operating Rules, I authorize CUNA, Inc to initiate a debit entry to the checking account at the depository institution named above for the purpose of collecting registration fees as indicated.

Signed: _____ Date _____

If you do not receive confirmation within two weeks of registration, please call 800-356-9655, ext. 4400.

FALL SYMPOSIUM

ATTENDEE REGISTRATION

Full Conference Attendee Registration **\$339**
(GAFALL09)

Multiple Attendee Registration **\$319**
(09MA20CU)

Small Credit Union Discount **\$255**
(less than \$10M in assets)
Full Attendee Conference Registration
(0925CU)

*Only one discount applies.

GUEST REGISTRATION

Please complete one form per registrant. Type or print all information. Photocopy for multiple registrations.

Guest Name _____

Preferred Name on Badge _____

Guest Program **\$169**
Includes reception, breakfast, and lunches
(GAGuest09)

SPECIAL DISCOUNT:

If you register for either the Marketing OR Risk Management Council Meeting AND the Fall Symposium, you receive your council registration for free. You may also register for council meetings individually.

MARKETING COUNCIL OCT. 7, 2009

Attendee Registration **\$49**
(GAMKT09)

I am attending the Fall Symposium,
therefore my Marketing Council registration is free. **\$0**
(09100GA)

RISK MANAGEMENT COUNCIL OCT. 7, 2009

Attendee Registration **\$49**
(GARMC09)

I am attending the Fall Symposium,
therefore my Risk Management Council
registration is free. **\$0**
(09100GA)

Total Enclosed \$ _____

MAIL

Credit Union National Association
PO Box 78546
Milwaukee, WI 53278-0546

FAX

608-231-4327

REGISTER ONLINE

Visit training.gcu.org
and choose *Event Calendar*.