

# Director/Supervisory Committee Conference

June 25-26, 2010 | Columbus, OH

## 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. 4949.

## Attendee Registration

Director & Supervisory Committee **\$369**  
Conference Full Attendee Registration  
(OH062610)

Director & Supervisory Committee **\$339**  
Conference Multiple Attendee Registration

Small Credit Union Discount **\$277**  
(between \$6M and \$20M in assets)  
Director & Supervisory Committee  
Conference Full Attendee Registration  
(0925-OHCU)

Small Credit Union Discount **\$185**  
(under \$6M in assets)  
Director & Supervisory Committee  
Conference Full Attendee Registration  
(0950-OHCU)  
\*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 **\$109**  
(includes reception, breakfast, and lunch)  
(OHGUEST)

Total Enclosed \$ \_\_\_\_\_

## MAIL

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

## FAX

608-231-4327

## REGISTER ONLINE

Visit [training.ohiocreditunions.org](http://training.ohiocreditunions.org) and choose Event Calendar.