

# Director & Supervisory Committee Conference • August 14–15, 2009

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

## ATTENDEE REGISTRATION

- Full Attendee Registration **\$399**  
(PA08149)
- Multiple Attendee Registration **\$349**  
(09MA50CU)
- Small Credit Union Discount **\$300**  
(under \$20M in assets)  
Full Attendee Registration  
(0925CU)

*\*Only one discount applies.*

## GUEST REGISTRATION

- Guest Name \_\_\_\_\_
- Preferred Name on Badge \_\_\_\_\_
- Guest Program **\$99**  
(includes reception, breakfast,  
and dinner) (PAS08149)
- Total Enclosed \$ \_\_\_\_\_

## ATTENDEE INFORMATION

Legal Name \_\_\_\_\_

Preferred Name on Badge \_\_\_\_\_

CU Name \_\_\_\_\_

CU Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CU Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

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 \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

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

In case of emergency, please contact (required):

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 \_\_\_\_\_
- 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.

## MAIL

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

FAX 608-231-4327

## REGISTER ONLINE

Visit [training.pcua.coop](http://training.pcua.coop) and choose *Event Calendar*.