

GAC CONFERENCE REGISTRATION FORM

PLEASE COMPLETE ONE FORM PER REGISTRANT | OR REGISTER ONLINE AT CUNA.ORG/GAC
TYPE OR PRINT ALL INFORMATION | PHOTOCOPY FOR MULTIPLE REGISTRATIONS

ATTENDEE INFORMATION

Attendee legal name _____ First name (As preferred on badge) _____

Position/title at CU or League _____

Check one CU Staff CU Director League Staff League Director Other

PLEASE NOTE: Leagues or organizations registering attendees (e.g., directors) must provide the attendee's CU name and CU address.

Organization name _____

Billing address _____

City _____ State _____ Zip _____

If program information is mailed to the attendee, provide the address that should be used:

Business Home Use same address as above

Attendee mailing address _____

City _____ State _____ Zip _____

Attendee phone number Cell Business Home (_____) _____

Attendee e-mail (required) _____

Important confirmation information 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 e-mail.

Contact e-mail _____

An app will be used prior to and during GAC to update attendees on schedule changes, meeting room changes and conference updates. An "individual" e-mail is required to receive notifications. Each e-mail must be unique to each individual. CUNA does not share or publish emails.

Email for conference app _____

CUNA OR LEAGUE AFFILIATED?

(Please note: All CUNA and/or state league credit union members are invited to register for this event. Non-member credit unions interested in attending must contact CUNA to confirm eligibility before making travel arrangements. Non-credit unions should visit cuna.org/promote for opportunities to be involved in CUNA GAC.

IN CASE OF EMERGENCY, PLEASE CONTACT

Contact name _____ Phone (_____) _____

Check here if you or a guest have a disability or dietary requirement that requires special attention.

Please describe: _____

CPE CREDITS

Check here if you have a designation such as CPA and would like to obtain CPE credits.

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

Name _____ Phone (_____) _____

For more information, call 800-356-9655, ext. 5700, or e-mail gacinfo@cuna.coop

CONFERENCE PAYMENTS AND FEES:

Payment is required at time of registration.

CONFERENCE REGISTRATION

CUNA Member/League Affiliate (GACDC19) \$1095

CUNA Member/League Affiliate Small CU
(under \$50 million in assets) \$695

OPTIONAL CONFERENCE EVENT FOR ATTENDEES

Small CU Roundtable
- Sunday, Mar. 10, 1:00-3:30 pm (GACSM19) Complimentary

OPTIONAL EVENTS FOR ATTENDEES AND GUESTS

National Symphony at The Kennedy Center
- Saturday, Mar. 9, 5:15-11:00 pm

_____ # Attending X \$235 Per Adult = \$ _____

Participant(s) full name: _____

Bull Run Winery/Brunch Buffet/Dinner
- Sunday, Mar. 10, 8:45 am-2:00 pm

_____ # Attending x \$199 Per Adult = \$ _____

Participant(s) full name: _____

Monuments Tour: History Never Sleeps
- Tuesday, Mar. 12, 6:45-10:00 pm

_____ # Attending x \$95 per Adult/Child = \$ _____

Participant(s) full name: _____

This registration form is for use by conference participants ONLY. Exhibitors should go to cuna.org/promote to register. Note that non-exhibitors or representatives of non-exhibiting companies may not register as participants or guests and may not canvas or solicit business or distribute literature in another company's exhibit booth, any part of the exhibit hall, conference hotels or conference meeting areas without written permission from CUNA.

Please be advised that CUNA reserves the right to photograph any and all program attendees and guests during program activities and meetings and reprint such photographs, in whole or in part, for future CUNA promotional uses.

GUEST OPTIONS

GUEST PROGRAM ONLY (GASDC19)

Includes:

- Admission to ED (Filene) Talk, Sunday
- Admission to all events in the exhibit hall, including Sunday grand opening and reception, breakfast and lunch on Monday; breakfast and lunch on Tuesday
- Admission to the conference general sessions (breakout sessions are not open to guests)
- Breakfast on Wednesday in the general session
- Closing reception on Wednesday night at the Marriott Marquis Hotel

_____ # Attending X \$450 Per Adult/Child = \$ _____

Guest(s) full name: _____

The guest program is for families/companions of registered attendees. Credit union employees, elected officials, volunteers and suppliers are not eligible to register under this category. For guest program details visit cuna.org/gac.

OPTIONAL TOURS FOR GUESTS

Ristorante i Ricchi Pasta Making Class with DIY Lunch
- Monday, Mar. 11, 11:15 am - 2:30 pm

_____ # Attending X \$185 Per Adult = \$ _____

Guest(s) full name: _____

Head of Household-Retired White House Chief Usher/Luncheon
- Monday, Mar. 11, 12:00 - 2:15 pm

_____ # Attending X \$160 Per Adult = \$ _____

Guest(s) full name: _____

Arlington National Cemetery Tour/Lunch
- Tuesday, Mar. 12, 9:15 am - 2:00 pm

_____ # Attending X \$184 Per Adult/Child = \$ _____

Guest(s) full name: _____

Hillwood Estate Marjorie Merriweather Post Museum/Gardens/Box Lunch - Tuesday, Mar. 12, 10:00 am - 2:30 pm

_____ # Attending X \$192 Per Adult/Child \$ _____

Guest(s) full name: _____

METHOD OF PAYMENT

TOTAL REGISTRATION AMOUNT \$ _____

ACH PAYMENT

Please ACH debit my account for \$ _____

Depository name: _____

ABA# _____ (9 digits)

Account # _____ (No G/L#s)

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

Signature _____

Date _____

MAKE CHECK PAYABLE TO:

Credit Union National Association, Inc.

Mail your registration and payment to:
Credit Union National Association, Inc.
P.O. Box 78546
Milwaukee, WI 53278-0546

Phone: (800) 356-9655 ext 5700 to pay with a credit card or ACH.

Fax: registration to (608) 231-4998
You will be contacted for cc payment.

VISA, Mastercard and American Express are accepted.

Cancellation, Refund and Substitutions

All cancellations must be received in writing. Provide a brief explanation for the cancellation and submit via email to Hello@cuna.coop. Cancellation and refund requests received by February 8, 2018 are subject to a 25% administrative fee on order total. No refunds or credits will be granted for cancellations received after February 8, 2018. Substitutions are accepted any time prior to the start of the program at no additional cost. Complete a registration form listing the new participant and note the name of the attendee they will be replacing. Submit the revised registration via email gacinfo@cuna.coop.

Tour cancellations for the National Symphony at the Kennedy Center, Bull Run Winery, and Head of Household luncheon are non-refundable. i Ricci Pasta making class, Arlington National Cemetery, Hillwood Estate Museum & Garden, and Monuments Tour: History Never Sleeps received more than 30 days prior to the event are subject to a 25% administrative fee. After February 8, no tour refunds will be issued.