

COASTAL SUPERVISORY COMMITTEE & INTERNAL AUDITORS CONFERENCE

July 12-14, 2009 • Charleston, SC

ATTENDEE INFORMATION

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

Legal Name _____

Name Preferred 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.

ATTENDEE REGISTRATION

Coastal Supervisory Committee & Internal Auditors Conference Full Attendee Registration (SC07139) **\$425**

Coastal Supervisory Committee & Internal Auditors Conference Multiple Attendee Registration **\$350**

GUEST REGISTRATION

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

Guest Name _____

Preferred Name on Badge _____

Guest Food Program **\$175**
(includes Sunday opening reception, Monday Lunch and Monday evening reception) (SCS07139)
Note: breakfast is included in hotel stay

Monday Guest Tour (SCGT07139) **\$97**

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*