

You are able to complete form online, then print and fax or mail in with payment.

REGISTRATION FORM

COST MANAGEMENT WORKSHOP

April 6, 2010

Sheraton Harrisburg - Hershey, Harrisburg, PA

**TUTION: \$159 first attendee, each additional attendee \$129
\$129 for credit unions under \$20 million in assets**

Credit Union Name: _____

Phone Number: _____ Contact Person: _____

Attendee Name: _____ Badge Name: _____

Title: _____ Email Address: _____

Attendee Name: _____ Badge Name: _____

Title: _____ Email Address: _____

Attendee Name: _____ Badge Name: _____

Title: _____ Email Address: _____

Enclosed is a share draft/check in the amount of \$_____ payable to PCUA for
_____ # of registrants.

Debit Credit Union Corporate Account# _____ ABA# _____
in the amount of \$_____ Authorized Signature _____

Visa MasterCard Account# _____ Expiration Date: _____
in the amount of \$_____ Authorized Signature _____

Registration confirmations will be emailed to attendees within ten days of receipt. Registration information may be faxed to: 717-234-4463; or mailed to Pennsylvania Credit Union Association, 4309 N. Front St, Harrisburg, PA 17110. Payment must accompany registration.

Faxed registrations require ACH or credit card information.

Cancellations received in writing by March 19, 2010 will receive a refund equal to the amount paid less a \$50 administrative fee. No refund will be granted for cancellations after that date. Substitutions are welcome.



For Accounting Use Only

TIMSS CODE 2010-CST-MGMT-WRKSHP

Ck, ACH or CC Processed by: _____ Date _____

Processed in TIMSS by: _____ Date _____

Confirmation Letter sent by: _____ Date _____

Registration confirmed by: _____ Date _____