National Credit Union of Administration Office of Small Credit Union Initiatives 1775 Duke Street Alexandria, VA 22314

Free Credit Union Workshop

Registration and Reimbursement Form

April 18, 2009 Albany, NY

Please use one registration form per attendee, complete additional email forms if needed.

∩ MR.	CMS.	Name/Title							
Credit Union Nam	ne								
Address				City		Sta	ate	Zip	
Email Address									
Charter No.		Asset Size.							
Phone			Fax						
May we includ	le your conta	ct information w	vith other	workshop participar	nts?	0	Yes	0	No
		Complete	the section	below, to request trave	l reimbu	ursemen	nt		
Estimated Trav	el Expenses:								
Round Trip Miles		Air Fare \$		Lodging Reimbursment	t?	C	Yes	\bigcirc	No
considered. Max upon receipt of a	imum reimburs signed travel v	ement per credit u oucher along with dar days after the * under \$ * chartere	inion is \$15 supportine workshop 10 million	be honored. Only reques 50. Reimbursement will g expense documentatio b. Only credit unions with in assets, or n 10 years, or nated.	be proce on. Rein	essed fo nburser	ollowing t nent forn	the worl ns must	kshop and be
the e-n				gistration will be sent with , please email OSCUITraini				518-661	10
	nun uuuress you			otel Accommodation Inf	-	-	cuii (7 03)	510 00	
			1389 Was Albar (518 8:00 a. rate \$111 p	arden Inn Albany shington Avenue ny, NY 12206 8) 453-1300 m. to 3:00 p.m. er night. Room block rate esponsible for their own d					
	This form	may be filled out on-	line then su	bmitted either by e-mail or	r printed	out ther	faxed.		

NCUA 6066A (REV 03/09)