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

October 17, 2009 Honolulu, HI

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

∩ MR.	CMS.	Name/Title								
Credit Union Nam	ie									
Address				City			State _		_ Zip	
Email Address										
Charter No.		Asset Size.								
Phone			Fax				_			
May we includ	le your conta	ct information v	with othe	r workshop particip	ants?	0	Y	es	\bigcirc	No
		Complete	the section	n below, to request tra	vel reimb	oursem	nent			
Estimated Trave	el Expenses:									
Round Trip Miles		Air Fare \$		Lodging Reimbursme	ent?		0	Yes	0	No
considered. Max upon receipt of a	imum reimburs signed travel v	ement per credit (oucher along with dar days after the * under \$ * charter	union is \$2 a supportin e workshop 510 million	be honored. Only requ 50. Reimbursement wing expense documenta o. Only credit unions w in assets, or in 10 years, or nated.	ill be pro tion. Rei	cessed imburs	l follov sement	ving tl t form	he worl s must	kshop and be
the e-n			•	gistration will be sent w t, please email OSCUITra					518-66 ⁻	10
	nun uuuress you			lotel Accommodation I	-	-	or can	(705)	510 00	
	Note	: Participants are fi	2500 H (88 8:00 a hte \$159 per inancially r	aikiki Prince Kuhio Kuhio Avenue onolulu, Hl 88) 243-9252 .m. to 3:00 p.m. r night. Room block rate esponsible for their owi	n accomn	nodati	ons.			
	This form	nay be filled out on	-line then su	ubmitted either by e-mail	or printe	d out th	nen fax	ed.		

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