

REGISTRATION FORM



2010 ANNUAL CONFERENCE
FEBRUARY 10TH—11TH
BURBANK, CA

Name _____ Title _____

Name _____ Title _____

Feel free to make copies of this form if there are more than two people attending from your credit union.

Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-mail _____

Registration Fees:

Credit Unions with assets of <\$100M.....\$299 (\$348 Non-member)

Credit Unions with assets of >\$100M.....\$399 (\$447 Non-member)

Passport Member.....Pre-paid

\$99 Special (pick your day).....\$99

Payment Type: Check#_____ (enclosed) Credit Card

Credit Card Number _____ Exp. Date_____

Name on card _____ CVV# _____

Signature _____

Mail or fax this form along with payment to : **HRD Network**
c/o Lecia Roundtree
(Make checks payable to HRD Network.) **P.O. Box 910**
Redwood City, CA 94064-0910
Fax (650) 364-1703

Refund Policy

Cancellations received in writing (via fax 650-364-1703) more than 30 days before the start of the conference are eligible for a refund of the amount paid minus a \$75 administrative fee. No refunds will be granted if cancellation is received 30 days or less before the conference begins. Substitutions are accepted anytime prior to the start of the conference at no additional cost. Simply fax an updated registration form, listing the new participant and who they will be replacing.