2018 UPPER PENINSULA CHAPTER OF MCUL ANNUAL MEETING

Island Resort and Casino - March 23, 24, 25, 2018

Registration Form

Credit Union:	
Contact Name:	email address:

Register by March 2, 2018

Final Registration Deadline is Friday, March 2, 2018

Cancellations must be made by Friday, March 2, 2018

No Refunds will be made after March 2, 2018

All changes and cancellations must be made in writing.

If it is necessary to make a change or cancellation you must provide it in writing to Crystal Porior at Peninsula Federal Credit Union at the fax number (906) 789-6410.

Call Crystal at (906) 789-6410 extension 254 to verify that she has received your request.

\$0.00				
\$				
	Final Registration Deadling	e: March 2, 2018		
\$	Cancellation Deadline:	March 2, 2018		
We need volunteers throughout the weekend. Please provide the names of two attendees along with their email address. The commitment of time is no more than 30 minutes.				
sula Federal Credit Union x 717 aba, MI 49829	Complete the next page wand/or guest names for re			
	\$\$ \$\$ olunteers throughout the with their email address. To compare the compare the compare the compare the comparent to the compare the compare the compare the compare the comparent to the compare the compare the compare the compare the comparent to the compare the compare the compare the compare the comparent to the compare the compare the compare the compare the comparent to the compare the comparent to the compar	\$ Final Registration Deadline: \$ Cancellation Deadline: Cancel		

(906) 789-6410

Fax:

---Please Print or Type Your Information---

It is important that we have names of the attendees and their guests.

If you have a Crasher attending, list their name followed by the word "Crasher".

Crashers will be seated with all other Crashers at the Banquet.

In order to print badges, we need names---please do not simply put Guest.

If you need to make a change later, please see the cancellation directions.

This page is set up in groups of eight, to aid in table assignments. If you wish registrants to be seated together, please put them with in the table groupings below.

We will do the best to accommodate your wishes.

Attendee's Name	Guest's Name
Group One:	
Group one.	
Group Two:	
Group Three:	
Group Four:	
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