



Analyzing Business Loans

Registration Form

Please indicate which session you would like to attend by checking the appropriate box.

November 16 - 18, 2010

CU Business Group

8909 SW Barbur Blvd, Ste. 200
Portland, OR 97219

Please complete separate registration forms for each attendee.

Attendee Information

Name Mr. Mrs. Ms. _____

Title (as it should appear on your badge) _____

Organization _____

Address _____

City _____ State _____ Zip _____

Office Phone (_____) _____ Office Fax (_____) _____

Cell Phone (_____) _____ Email _____

Attendee Categories and Fees (Please check the appropriate box. Payment must accompany registration.)

CU Business Group Member Fee – \$695

All Others – \$795

Attendee Payment Information

Credit Card – please choose one Visa Mastercard

Check Enclosed

Card Number _____ Exp Date _____

Security Code (last 3 digits on back of card) _____ Billing Zip Code _____

Signature _____ Date _____

Total Payment Enclosed / Authorized \$ _____

Cancellations

All cancellations must be made in writing or via email. Cancellations within 30 days of the program will be charged a 15% administrative fee. Cancellations within 7 days of the program will be charged 50% of the normal fee.

E-mail form to: education@cubg.org

Fax form to: 503-230-8857

Mail form to: CU Business Group

PO Box 19359

Portland, OR 97280