

NAFCU Webcasts – Education on Demand!

Multimedia Marketing: Conquering the Compliance Challenge
Wednesday, May 7, 2008 • 2:00 p.m. – 3:30 p.m. EDT

PARTICIPATION IN THE WEBCAST IS EASY!

● Register for NAFCU Webcasts online at www.nafcu.org/maywebcast or complete the attached registration form and send with payment to NAFCU, 3138 10th Street N., Arlington, VA, 22201-2149 **OR** fax your registration to NAFCU at 703-524-1082 by **Wednesday, April 30, 2008** (for early bird rate) with your VISA or MasterCard authorization.

● You will receive an e-mail confirmation from NAFCU with instructions for accessing the webcast. **E-mail is the preferred method for sending you this information. If you do not have an e-mail address, please be sure to include your fax number.**

REGISTRATION FORM

Yes, I would like to register for NAFCU's Webcast on **Wednesday, May 7, 2008**.

Name _____

Title _____

Credit Union Name _____

Address _____

Phone Number _____

E-mail (**important for confirmation and instructions**) _____

Fax Number _____

I agree to test my system prior to the webcast. (See previous page for testing information and system requirements).

How did you hear about this webcast? Please circle one: Postcard* E-mail Internet Colleague Other _____

*If you circled Postcard, please provide the CODE that is listed above your name in the mailing address. CODE _____

Registration Fee

Type	by 4/30/08	after 4/30/08	Archived Webcast
NAFCU-member delegate	\$250	\$350	\$350
Nonmember delegate	\$350	\$450	\$450
Non-credit union delegate	\$400	\$500	\$500

*Archived webcasts are available for up to 6 months after the live broadcast and are included in the registration fee.

For more information about this and other NAFCU conferences, call NAFCU's Member Service Center at 800-344-5580 or visit www.nafcu.org/events.

NOTE: A \$50 fee applies to all cancellations. Registrations must be cancelled by May 5, 2008.

Payment Method *(Payment MUST accompany the registration form)*

Check enclosed made payable to NAFCU

Charge my VISA MasterCard in the amount of \$ _____

Name on card _____

Billing Address _____ City, State, Zip _____

Signature _____

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