

DCUC CONFERENCE REGISTRATION FORM

REGISTER ONLINE AND SEE JUST HOW EASY IT CAN BE!

DCUC offers an easy way to register for our Annual Conference. Simply log on to www.d cuc.org. Click on DCUC 2009 and select the Exhibitor Registration form and fill out the required information. Or if you prefer, print out the registration form and either fax or mail with your payment.

IMPORTANT

Please read Contract Terms and Regulations found in this Prospectus. Fill in ALL sections of this form. Make a copy of this form for your records. Mail original application with a check payable to DCUC Conference, 601 Pennsylvania Avenue, NW, Suite 600, South Bldg., Washington, D.C. 20004-2601. The DCUC Federal ID Tax # is 39-1405036.

COMPANY INFORMATION

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Name for Future Correspondence _____

Telephone _____ Fax _____ E-mail _____

Web Site Address _____

Products/Services Information (limit to 25 words or less for publication in conference program—please include your website)

REGISTRANT NAMES (list all names as you would like to appear on name badge)

1. _____ 3. _____

2. _____ 4. _____

Select Space Preference: _____

We request that our display area is not located near a particular company: _____

COST SUMMARY

a. Booth Charge _____ # of booths @ \$1,395 \$ _____

b. Additional registrants @ \$450 each (4 maximum) \$ _____

* Each booth includes two full conference registrations

Total Amount Enclosed \$ _____

PAYMENT METHOD

Check is enclosed, payable to Defense Credit Union Council.

Mail to: DCUC Conference, 601 Pennsylvania Avenue, NW, Suite 600, South Bldg., Washington, D.C. 20004-2601

Credit Card Number (VISA or MasterCard only) _____ Exp. Date _____

Name of Cardholder _____ Signature _____

Total Paid \$ _____

Or fax this form to (314) 802-8807.

BREAKOUT SESSION

Yes, I am interested in providing a breakout session on Sunday, August 16 at no additional charge. Sessions are limited and will be assigned on a first-come first-served basis.

HOT MARKET ISSUES

Yes, I would like to submit a topic for the Hot Market Issues Roundtable on Monday, August 17 from 2:30-3:30 p.m. (Expanded time to one hour) Topics must be submitted to Janet Sked no later than June 5, 2009. Two topics will be selected.

CONFERENCE SPONSORSHIPS

Yes, I am interested in providing a Conference Sponsorship to enhance my presence at DCUC 2009. Please contact me with details and opportunities

Call Janet Sked at (314) 802-8808 or e-mail janetsked@dcuc.org with any questions.

16th Annual VADM Vincent Lascara Golf Tournament

Saturday, August 15, 2009

Harding Park Golf Course—Home of the 2009 President's Cup

San Francisco's finest tradition continues at Harding Park Golf Course. This premium facility is located on a gently rolling peninsula surrounded by the shores of Lake Merced in San Francisco's southwestern corner. The majestic, tree-lined layout has played host to many prestigious golf events including the 2005 World Golf Championships, American Express Championship and the Presidents Cup 2009. DCUC is proud to hold our 16th Annual VADM Vincent Lascara Golf Tournament at this stellar facility, ranked by **Golf Digest** as one of the "Best Places to Play" in 2008 and 2009.



Don't miss this wonderful opportunity to play this great course at this incredible price!

Deadline for registration is Friday, August 1, 2009

Tournament Fees: \$155.00 per person. Rental clubs are available for \$45.

Please register the following people for the 16th Annual VADM Vincent Lascara Golf Tournament, being held on Saturday, August 15. Enclosed is my payment of \$155 per player to cover greens fees, bus transportation, golf cart, and lunch for a total of \$ _____

Player One

Player Two

Player Three

Player Four

Pairing Preference: _____ / _____ / _____ / _____

EQUIPMENT RENTAL is available for \$45 per set (*circle below*) \$ _____

Player 1 — Mens/Womens-Right/Left Handed Player

Player 2 — Mens/Womens-Right/Left Handed

Player 3 — Mens/Womens-Right/Left Handed Player

Player 4 — Mens/Womens-Right/Left Handed

Name _____

Company Name _____

Address _____

Telephone _____ Fax _____ E-mail _____

PAYMENT METHOD

Share Draft/Check (*Payment Enclosed*) VISA MasterCard \$ _____

Account No. _____ Expiration Date _____

Print name as it appears on card _____

Authorized Signature _____

CANCELLATION POLICY: Cancellations received in writing prior to August 1 will be charged a \$25 cancellation fee, with substitutions at any time without penalty. No refunds after August 1. Call Janet Sked at (314) 802-8808 with any questions.

MAIL PAYMENT TO:

The Defense Credit Union Council
601 Pennsylvania Avenue, NW, Suite 600
South Building
Washington, D.C. 20004-2601

OR FAX TO: (314) 802-8807 or register at www.dcuc.org