NACUA

Virtual Seminar Series

REGISTRATION FORM FOR NACUA VIRTUAL SEMINAR (CUA9048-0)

Covering Your Back: Colleges, Universities and Background Checks

Wednesday December 15, 2004
12:00 p.m. – 2:00 p.m. Eastern

FOUR EASY WAYS TO REGISTER:

1. **BY PHONE: 1-800-775-7654.** Call us Monday – Friday, 7:00 am to 5:00 pm Central Time. Please mention Program Code CUA8599-0.
2. **BY FAX: 1-800-676-0734.** Send your registration form to our fax machine 24 hours a day! (Please include credit card information with your faxed registration.)
3. **BY MAIL:** Fill out the registration form and send it with your payment (check or credit card) to: **KRM Information Services, Inc., PO BOX 1187, Eau Claire, WI 54702-1187.** Checks must be received at least **one week** prior to the program date to insure timely processing of your registration. Please make checks payable to: KRM Information Services.
4. **ON-LINE:** Log on to **https://www.krm.com/regonline/cuavcregs.nsf/cua9048-0**

Please check the appropriate box to register your site for this NACUA Virtual Seminar (NOTE: you can also invite key staff members to join in and listen by speakerphone)

❑ Registration ($199 per site)

(The registration fee includes **one** telephone connection, **one** Internet connection, **one** set of the speakers handout materials and **unlimited** participant attendance at your site.)

_____ _____ _____
First Name Middle Initial Last Name

_____ _____
Title/Occupation Institution/Firm

_____
Street Address

_____ _____ _____
City State/Province Zip Code

_____ _____ _____
Business Phone Fax Number E-mail Address

Toll-free dialing in instructions for the program as well as the Internet address for accessing the speakers' handouts will be emailed to you. Note: You will need the Acrobat Reader, version 4.0 available at www.adobe.com to download the speakers' handouts. Check below if you would rather have a hard copy sent to you.

❑ I am unable to receive the materials via the web. Please ship a hard copy to me.

Payment Information (U.S. Funds Only)
Credit Card: ____American Express _____Visa _____MasterCard _____Discover

Card Number: _____ Expiration Date_____

Name on Card:_____

Please Note—Credit Card statement will show the charge being made to the other service provider of this program: KRM Information Telephone Seminars, Eau Claire, WI. If you have any questions, please contact Customer Service at (800) 775-7654