



**Registration
BSU Advisors' Forum
Grand Geneva Resort & Spa
Lake Geneva, Wisconsin
April 3-5, 2009**

_____	_____	_____	
Name	Title	Date	
_____	_____	_____	_____
Institution	Telephone	e-mail	Fax

Method of Payment:

_____ Payment enclosed for _____ advisors @ \$150.00 each = _____

_____ Check is being mailed for _____ advisors @ \$150.00 each = _____

_____ Credit card payment for _____ advisors @ \$150.00 each:

_____ Mastercard

_____ Visa Card

Name of Cardholder _____
Card Number _____
Expiration Date _____

Registration payments are reimbursable up to one week before conference upon request.

Mail registration payments to:	Office of NBSU Post Office Box 216 Whitewater, Wisconsin 53190	Phone: (920) 728-3999 Fax: (262) 472-0166 E-mail: nbsu@lvcos.com
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