

## ***The Board Room Registration Form***

Organization\_\_\_\_\_

Phone Number\_\_\_\_\_ Fax\_\_\_\_\_

Name\_\_\_\_\_

Title\_\_\_\_\_

Org. Address \_\_\_\_\_

City\_\_\_\_\_ County\_\_\_\_\_ State\_\_\_\_\_

Zip\_\_\_\_\_

Email\_\_\_\_\_

\$40.00

We will assign a user name and password and email you the information.

### **Payment Information**

Credit Card: MC\_\_\_\_\_ Visa\_\_\_\_\_

CC Number:\_\_\_\_\_

Expiration Date:\_\_\_\_\_

Name as it appears on card:\_\_\_\_\_

**Billing Address**\_\_\_\_\_

City\_\_\_\_\_

County\_\_\_\_\_

State\_\_\_\_\_

Zip\_\_\_\_\_

Mail to: NEW attn BoardConnect  
1100 N Main St  
Ann Arbor, MI 48104

Fax to: BoardConnect  
734-998-0163

G/L 4025 04 B