

**Credit Manager Network
September 23, 2010
WFS, 233 West Ciro, Truman, MN**

**Registration Form
(Please return by September 17th)**

Please complete and return with payment to Cooperative Network

Name: _____

Co-op: _____

Email address: _____

Phone number: _____

\$35.00 Payment enclosed: Yes _____ No _____

If the fee is not enclosed, I will send check separately or bring to the meeting on
Sept 23rd: Yes: _____ No _____

Please return this page to:

Vicky Chaput
Cooperative Network
400 Selby Avenue, Suite Y
St. Paul, MN 55102

Phone: 651-280-4900

Fax: 651-228-1184

Email: vicky.chaput@cooperativenetwork.coop