

**MICHIGAN CREDIT UNION LEAGUE  
CHAPTER NOTICE WORK ORDER  
(Please submit four weeks prior to program.)**

**ATTN: Renee Cullimore**

**FAX #: 517-482-3762**

**CONTACT INFORMATION:**

Your Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Approve copy before sending?  Yes  No

**DELIVERY INFORMATION:**

Chapters or Districts to send to: \_\_\_\_\_

Send to Chapter Specials?  Yes  No (Chapter Specials included non-CEOs, staff at branches, MCUL consultants, & business partners, i.e. CMG, Service Centers, etc.)

Delivery Type:  Standard (E-mailed to those we have addresses for, faxed to those we don't, and mailed to those we don't have e-mail or fax numbers for.)

Force Fax (Faxed to those we have fax numbers for and mailed to those we don't.)

Mail Only (No electronic versions are sent.)

Date to be sent by: \_\_\_\_\_ Okay to be sent before this date?  Yes  No

If yes, what is the earliest date we can send? \_\_\_\_\_

**NOTICE INFORMATION:**

Event Date: \_\_\_\_\_ Time: \_\_\_\_\_ Cost per person? \_\_\_\_\_

Breakfast  Lunch  Dinner Other: \_\_\_\_\_

Menu: \_\_\_\_\_

Meeting Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reservation Deadline: \_\_\_\_\_ Make checks payable to: \_\_\_\_\_

Send reservation to: \_\_\_\_\_ CU: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Program is for:  CEOs,  CELOs,  Board of Directors,  Committee Members,  Staff,

Other (specify) \_\_\_\_\_

Program Title: \_\_\_\_\_

Program Content (brief summary of highlights): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Facilitator's Name: \_\_\_\_\_ Title: \_\_\_\_\_