

# PARTICIPANT *registration*

**2018 ANNUAL  
convention**  
Albany, NY - Sept. 25-27, 2018

## Ways to Register

**FAX** (518) 436-4648

**MAIL** IBANYS, 19 Dove St., Suite 101, Albany, NY 12210

**EMAIL** lindag@ibanys.net

*A confirmation will be sent to you. This form is designed to register one person and a spouse/guest. Please duplicate this form when registering others from your organization.*

## Registration

Print Name	Name for Badge
<input type="checkbox"/> Spouse <input type="checkbox"/> Guest	Name for Badge
Bank/Organization	
Address	
Contact Email	Contact Phone Number

## Participation Fees

### FULL REGISTRANTS

- Member Banker/Associate  \$1,035  
 Spouse/Guest  \$750  
 Non-Member Banker/Associate  \$1,250

### DAY GUEST PACKAGES

- Tuesday Evening  \$425  
 Wednesday All-Access Pass  \$725  
 Thursday Half-Day Pass  \$325

## Activities

### Tuesday, September 25

**Golf** \$150 per person. If you are interested in the golf outing, please list each participant and handicaps (11:00 am shotgun start):

Name	Handicap
_____	_____
Name	Handicap
_____	_____
Name	Handicap
_____	_____
Name	Handicap
_____	_____

## Calculate Total Participation AND Activity Fees

<b>Full Registrants</b>	_____	Member Banker/Assoc.	x	\$1,035 each	=	\$_____
	_____	Spouse/Guest	x	\$750 each	=	\$_____
	_____	Non-Member Banker/Assoc.	x	\$1,250 each	=	\$_____
<b>Day Guest Packages</b>	_____	Tuesday Evening	x	\$425 each	=	\$_____
	_____	Wednesday All-Access Pass	x	\$725 each	=	\$_____
	_____	Thursday Half-Day Pass	x	\$325 each	=	\$_____
<b>Golf (Wolferts Roost)</b>	_____	Golfers	x	\$150 each	=	\$_____
		<b>Grand Total</b>			=	\$_____

Full refund less \$75 on or before 8/15/18.  
 Full refund less \$150 on or before 9/1/18.  
 No refunds will be given after 9/15/18.

### Wednesday Dinner

Choose One

- Seared Chicken Picatta     Herb Crust Salmon  
 Grilled NY Strip Loin     Lasagna (Vegetarian Entree)

### Total Payment: \$

(fill in **Grand Total** amount from above)

My check is enclosed \$ \_\_\_\_\_ Make checks payable to *IBANYS*

Charge \$ \_\_\_\_\_ to  MasterCard  Visa  Amex

Credit card # \_\_\_\_\_ Exp. date \_\_\_\_\_ CVV# (Amex on front of card) \_\_\_\_\_

Print card name \_\_\_\_\_

Credit card address (if different than above) \_\_\_\_\_

Signature \_\_\_\_\_