

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

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

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 _____