

Community Bank Regulatory Compliance Conference Registration Form



Complete the form below & mail, fax or email to:

Mail: IBANYS

Fax: (518) 436-4648

19 Dove Street, Suite 101
Albany, NY 12210

Email: lindag@ibanys.net

Registration Deadline: Wednesday, March 6, 2019

*No refunds will be given after this date

Questions:

Contact: Linda Gregware

lindag@ibanys.net or (518) 436-4646

Please Check One:

Date: Tuesday, March 12, 2019

Location: DoubleTree by Hilton
1111 Jefferson Road
Rochester, NY 14623

Date: Wednesday, March 13, 2019

Location: Hilton Garden Inn Troy
235 Hoosick Street
Troy, NY 12180

Bank/Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Attendee Name: _____

Title: _____

Email: _____

Attendee Name: _____

Title: _____

Email: _____

Attendee Name: _____

Title: _____

Email: _____

Payment

My check (made payable to IBANYS) is enclosed

Member: \$275 per person

Charge

Non-Member: \$325 per person

Visa/Mastercard/AMEX number: _____

Cardholder Name: _____

Expiration Date: _____

Billing Address of Card (if different from above): _____

CVV (3 digits back of card/AMEX 4 digits on front of card): _____