

Participant registration

Ways to Register

EMAIL
lindag@ibanys.net

FAX
(518) 436-4648

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

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 _____
 Spouse 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

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

Activities

Monday, June 10, 2019

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

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

- Paint N Sip** \$45 per person.

Name _____	Name _____
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Calculate Total Participation & 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	_____	Monday Evening	x	\$425 each	=	\$ _____
	_____	Tuesday All-Access Pass	x	\$725 each	=	\$ _____
	_____	Wednesday Half-Day Pass	x	\$325 each	=	\$ _____
Golf	_____	Golfers	x	\$150 each	=	\$ _____
Paint N Sip	_____	Participants	x	\$45 each	=	\$ _____
		Grand Total				\$ _____

Full refund less \$75 on or before 5/17/19. Full refund less \$150 on or before 5/24/19. No refunds will be given after 5/25/19.

Choose Tuesday Dinner

Plated Dinner—Choose One Per Person

- _____ Filet Mignon w/Cabernet Demi-Glace
 _____ Seared Salmon w/Gremolata
 _____ Fennel Crusted Supreme of Chicken Breast w/Rosemary Jus-lié

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 _____