Banking Executive Symposium Registration Form



Complete the form below & mail, fax or email to: Registration Deadline: Monday, August 29, 2019 *No refunds will be given after this date Mail: IBANYS Fax: (518) 436-4648 Questions: 19 Dove Street, Ste. 101 Email: lindag@ibanys.net Contact: Linda Gregware Albany, NY 12210 lindag@ibanys.net or (518) 436-4646 Registration Fees: Includes all course materials and meals **Dates:** Sept. 9-11, 2019 Harbor Hotel 1000 Islands Member: \$650 per person 200 Riverside Drive Non-member: \$750 per person Clayton, NY 13624 Bank/Organization: Address: City/State/Zip: Phone: Fax: _____ Title: _____ Attendee Name: Title: _____ Attendee Name: _____ Email: ____ Title: Attendee Name: Email: _____ Title: _____ Attendee Name: Email: **Payment** () My check (made payable to IBANYS) is enclosed Member: \$650 per person () Charge Non-member: \$750 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): _____