



39th Annual Regulatory Compliance Conference

Paradise Point Hotel & Spa • San Diego, CA

OCTOBER 3 – 6, 2017

REGISTRATION: Register online at www.calbankers.com/RC17 or email registration form to registrations@calbankers.com.
Send checks to California Bankers Association, Attn: Accounting Dept—A/R, 1303 J Street, Suite 600, Sacramento, CA 95814

REGISTRATION INFORMATION

One registrant per form, type/print clearly. Your information will be published on the conference attendee list as it appears here:

Bank/Firm _____

Mr. Ms. First Name _____ Last Name _____

Position Title _____

Nick Name (for name badge) _____ Telephone _____

Email Address _____

Street Address _____

City, State, Zip _____

For Confirmation: Assistant Preparer _____

Assistant/Preparer Email Address _____

PAYMENT INFORMATION

Check payable to California Bankers Association

Credit Card Charge \$ _____ Visa MC Amex

CARD NUMBER																EXP DATE			

Cardholder Name _____

Zip + 4 _____

Signature _____

REGISTRATION FEES

EARLY-BIRD
by August 18, 2017

REGULAR
before October 3, 2017

CBA Member Bank	<input type="checkbox"/> \$845	<input type="checkbox"/> \$1,045
CBA Affiliate Member	N/A	<input type="checkbox"/> \$1,245
Non-Member Bank	N/A	<input type="checkbox"/> \$1,495

Group Discount: 3+ registrants qualify for \$100 discount each. Must register by email, and all forms must be submitted together.

SPOUSE/GUEST REGISTRATION

Registration covers all meals and social functions

Full Name _____

Badge Name _____

Email Address _____

Registration Fee \$495

CANCELATION POLICY

Submission of this form to CBA constitutes acceptance of the fees and policies. Substitutions are allowed, at no additional cost. Written notice is required for all substitutions/cancellations. The full registration fee will be refunded if written notice is received by September 5, 2017 and 50 percent if by September 19, 2017. No refunds will be provided after September 19, 2017. Registrations made on or after September 19, 2017 are not subject to refund.

FOR CBA USE ONLY

CRM# _____	Invoice # _____
Event Code 300333 _____	Ind ID _____
CK# _____ Amt _____ Date Iss _____	Date _____
Corp/Pers Date Dep _____ By _____	By _____

QUESTIONS: Contact Lori Black at (916) 438-4415 or registrations@calbankers.com