



2017 BSA/AML Workshop

Paradise Point Hotel & Spa • San Diego, CA

OCTOBER 3, 2017

REGISTRATION: Register online at www.calbankers.com/BSA17 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 <i>by September 1, 2017</i>	REGULAR <i>before October 3, 2017</i>
CBA Member Bank	<input type="checkbox"/> \$395	<input type="checkbox"/> \$595
Non-Member Bank	N/A	<input type="checkbox"/> \$795
CBA Affiliate Member	N/A	<input type="checkbox"/> \$995
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 \$175

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 9/5/17 and 50 percent if by 9/19/17. No refunds will be provided after 9/19/17. Registrations made on or after 9/19/17 are not subject to refund.

FOR CBA USE ONLY

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

QUESTIONS: Contact the Registrations Team at (916) 438-4400 or registrations@calbankers.com