



EXHIBITOR REGISTRATION FORM

Company Name: _____
(as it is to appear in print with correct capitalization, punctuation and/or abbreviations - please print)

Primary Product or Service: _____
(maximum 5 words - please print)

Raffle Prize: _____

Please do not put our booth near (list companies): _____

Primary contact to receive all future exhibitor correspondence regarding BankWorld 2010:

Name: _____ Title: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

EXHIBITOR	COST	TOTAL * *
CBA Member	\$1,395/booth*	\$
CBA Non-member	\$1,895/booth*	\$
Total Enclosed		\$

BOOTH PREFERENCE

Please refer to the attached floor diagram and list your first four booth location choices. Final booth assignment is at the discretion of show management. **BOOTH LOCATIONS WILL BE CONFIRMED ONCE FULL PAYMENT IS RECEIVED.**

First: _____ Second: _____ Third: _____ Fourth: _____



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PAYMENT METHOD

Full payment is required now to hold your booth. Booth locations are assigned on a first come, first serve basis. If you cancel and have not yet submitted payment, you will be invoiced for the entire booth fee. Credit card charges will appear on your statement under the name of Connecticut Bankers Association.

Check
 Visa
 MasterCard
 American Express

Card Number: _____ Exp. Date: _____

Security Code: _____ (3 digits on back of card) Amount: \$ _____

Billing Address: _____

City/State/Zip: _____

Cardholder Signature: _____

AUTHORIZATION

By signing below, you agree to abide by the terms and conditions outlined on the next page.

Signature: _____ Date: _____

Title: _____ Phone: _____

**PLEASE RETURN THE COMPLETED
FORM AND PAYMENT TO:**

Connecticut Bankers Association
 10 Waterside Drive
 Farmington, CT 06032-3083
 Fax: (860) 677-5066