



**SPONSOR 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: \_\_\_\_\_

<b>SPONSORSHIP</b>	<b>COST</b>	<b>TOTAL * *</b>
Gold Sponsor – two (2) booths	\$5,495	\$
Gold Sponsor – one (1) booth	\$4,495	\$
CEO & CFO Lunch – one (1) booth	\$4,495	\$
Name badges and lanyards - one (1) booth	\$4,495	\$
Silver Sponsor	\$3,495	\$
Continental Breakfast (2 max)	\$750/sponsor	\$
Buffet Lunch (2 max)	\$750/sponsor	\$
Buffet Lunch Dessert	\$750	\$
Buffet Lunch Beverages	\$750	\$
BankWorld Photography	\$750	\$
<b>Total Enclosed**</b>		<b>\$</b>

**BOOTH PREFERENCE – For Sponsors Only (Exhibitor information will be sent separately)**

Gold Sponsors receive first preference for booth location, followed by Silver Sponsors and then Exhibitors. 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.

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