

# Registration Form

Tuesday, April 27, 2010  
8:00 a.m.-2:30 p.m.  
Crowne Plaza Hotel, Cromwell, CT

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

<u>Attendee Name:</u>	<u>Title:</u>	<u>Badge Nickname:</u>	<u>Email:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## REGISTRATION FEE WORKSHEET:

Banker/Financial Institution Staff\*\*:  
**\*\* Bankers Complimentary if registered by an Exhibitor \*\***  
\$45.00/person x \_\_\_\_\_ Person(s) = \$ \_\_\_\_\_

Non-banker/All Others:  
\$495.00/person x \_\_\_\_\_ Person(s) = \$ \_\_\_\_\_

Payment Enclosed (make check payable to CBA)

**OR** Charge To:

AMEX     MasterCard     Visa

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Please pre-register to expedite picking up your name badge

Mail registrations with payment or credit card information to:

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

No refunds for cancellations