



participant registration

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REGISTER VIA EMAIL lindag@ibanys.net OR MAIL IBANYS, 194 Washington Avenue, Suite 420, Albany, NY 12210

A confirmation will be sent to you. This form is designed to register one person and a spouse/guest. Please duplicate this form when registering others from your organization.

Registration

Print Name _____	Name for Badge _____
<input type="checkbox"/> Spouse <input type="checkbox"/> Guest _____	Name for Badge _____
Bank/Organization _____	
Address _____	
Contact Email _____	Contact Phone Number _____

Participation Fees

FULL REGISTRANTS

Member Banker/Associate ☐ \$1,099
 Spouse/Guest ☐ \$850
 Non-Member Banker/Associate ☐ \$1,350

DAY GUEST PACKAGES

Monday Evening ☐ \$425
 Tuesday All-Access Pass ☐ \$795
 Wednesday Half-Day Pass ☐ \$325

Activity-Monday June 12, 2023

☐ GOLF \$150 per person. If you are interested in the golf outing, please list each participant and handicaps (11:00 am shotgun start):

Name _____	Handicap _____
Name _____	Handicap _____
Name _____	Handicap _____
Name _____	Handicap _____

Calculate Total Participation & Activity Fees

FULL REGISTRANTS	_____ Member Banker/Assoc.	x	\$1,099 each	=	\$ _____
	_____ Spouse/Guest	x	\$850 each	=	\$ _____
	_____ Non-Member Banker/Assoc.	x	\$1,350 each	=	\$ _____
DAY GUEST PACKAGES	_____ Monday Evening	x	\$425 each	=	\$ _____
	_____ Tuesday All-Access Pass	x	\$795 each	=	\$ _____
	_____ Wednesday Half-Day Pass	x	\$325 each	=	\$ _____
GOLF	_____ Golfers	x	\$150 each	=	\$ _____
	Grand Total			=	\$ _____

Full refund less \$75
on or before 5/19/23.
Full refund less \$150
on or before 5/26/23.
No refunds will be
given after 5/29/23.

Choose Tuesday Dinner

Plated Dinner. CHOOSE ONE PER PERSON, use initials for dinner selection if more than one Registrant on Registration Form

_____ Filet of Beef
 _____ Grilled Salmon
 _____ Frenched Chicken Breast

Total Payment \$

(fill in GRAND TOTAL amount from above)

☐ My check is enclosed \$ _____ Make checks payable to IBANYS ☐ Please Invoice

☐ Charge \$ _____ to ☐ MasterCard ☐ Visa ☐ Amex

Credit card # _____ Exp. date _____ CV# (Amex on front of card) _____

Print card name _____

Credit card address (if different than above) _____

Signature _____