



ATTENDEE REGISTRATION FORM/INVOICE

Bank Secrecy Act Compliance Seminar

Oct. 20, 2022

PA Bankers Training Room, Harrisburg, Pa.

Please return this form with payment to:

Pennsylvania Bankers Association
Attn: Jill Ametrano, Registrar
3897 N. Front St., Harrisburg, PA 17110
Registrar contact: Tel: (717) 255-6927

Attendee: _____ Nickname: _____

Title: _____

Bank/BHC/Firm: _____

Mailing Address: _____

City, State, Zip: _____

Tel.: _____ Cell: _____ Email: _____

Fees (please check one): Payment must accompany registration form

Member - \$325

Affiliate Member - \$385

Non-Member - \$488

Method of Payment: PA Bankers accepts checks or Visa and MasterCard. To register online, click on "Training & Events" and "Calendar," click on the event, and click on "Register Now." If paying by check, please make it payable to Pennsylvania Bankers Association.

Registration: For database purposes, we request only one registrant per form. Please make additional copies of the registration form as needed. Keep a copy for your records. The association does not send confirmations.

Cancellation Policy: All registrations are subject to a 20-percent cancellation fee. A 50-percent retention of the registration fee applies to cancellation requests 5-10 business days prior to the event date; however, NO refunds will be issued for cancellations made within 5 business days of the event date or for "no-shows." All cancellation requests must be made in writing to PA Bankers. All registrations received by any means of communication are subject to this cancellation clause. PA Bankers does not issue refunds due to weather conditions, Acts of God and/or other causes beyond its reasonable control.

Photo Release: I hereby grant permission to the Pennsylvania Bankers Association the right to use, reproduce, and/or distribute photographs of me during my participation in this event or program, without compensation or approved rights, for use in materials created for purposes of promoting the activities of PA Bankers.

Communicable Disease Mitigation Notice and Acknowledgment: By submitting this registration form, I have read the Communicable Disease Mitigation Notice and agree to abide by the requirements for participation in this program:

www.pabankers.com/COVIDNotice.

FOR INTERNAL USE ONLY
Date: _____
Check #: _____
Amount: \$ _____

Contact for Questions:

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