



ATTENDEE REGISTRATION FORM/INVOICE
2023 Nominating Meetings & Recognition Receptions
Member-only meeting

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: _____

Location: *Payment must accompany registration form*

☐ **Recognition Reception..... Fee \$40.00** – includes optional networking opportunities

Group # _____

☐ **Young Professionals Peer Exchange** (3-4:15 p.m.)

☐ **Women in Banking Meet & Greet** (5:30-6:30)

**Affiliates and Non-Members not serving as sponsors not permitted to register for this event.*

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: No refunds will be issued for cancellations made within five (5) business days of the event 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.

Contact for Questions: Karen McDermott • 3897 N. Front St. • Harrisburg, PA 17110
(717) 255-6914 • kmcdermott@pabankers.com

FOR INTERNAL USE ONLY

Date: _____

Check #: _____

Amount: \$ _____