



ATTENDEE REGISTRATION FORM/INVOICE

2026 Directors Institute

June 16, 2026

Hershey Country Club • Hershey, Pa.

Please return this form with payment to:

Bybel Rutledge LLP
Attn: Julie Ametrano
1017 Mumma Rd., Suite 302, Lemoyne, PA 17043
Registrar contact: (717) 731-1700 x116 • ametrano@bybelrutledge.com

Attendee: \_\_\_\_\_ Nickname: \_\_\_\_\_

Title: \_\_\_\_\_

Bank/BHC/Firm: \_\_\_\_\_

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

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

Tel.: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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

- Fee options: \$350/person (1-3 attendees), \$325/person (4-8 attendees), \$250/person (9+ attendees)

Method of Payment: Please make it payable to Bybel Rutledge LLP.

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: \$ \_\_\_\_\_