

ATTENDEE REGISTRATION FORM/INVOICE 2026 Advanced School of Banking

July 26-31, 2026

Penn Stater Conference Center, State College, Pa.

Please return this form with payment to:

Select which year you will be attending:

Pennsylvania Bankers Association, Attn: Jill Ametrano, Registrar, 3897 N. Front St., Harrisburg, PA 17110

Registrar contact: Tel: (717) 255-6927 • jillametrano@pabankers.com

☐ Year I	☐ Year II		☐ Year III		
Attendee:	Nickname:				
Title:	Bank/BHC/Firm:				
Mailing Address:					
City, State, Zip:					
Tel.:	_ Cell:	Email:			
Educational Background: HS Total Years Bank Experience: Special Dietary Needs?NOYES					
Fees (include hotel accommodations and select meals): Payment must accompany registration form					
☐ Member Banker - \$3,750	☐ Affiliate Mem	ber - \$4,250	☐ Non-Member Ba	☐ Non-Member Banker - \$5,625	
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 <i>Pennsylvania Bankers Association</i> .					
Deportment Statement: The banking in bankers are expected to perpetuate the expected of students attending this schkept throughout the program.	s reputation by acting in a	ll things and places in a	manner that merits trust	and confidence. No less is	
Registration: For database purposes, vineeded. Keep a copy for your records.	-		ake additional copies of t	he registration form as	
Tuition/Cancellation: Student tuition is for the complete in-residence program and includes registration, single room and board, selected meals and classroom materials. Any registrant withdrawing prior to June 20 is eligible for a refund of 50 percent. NO refunds will be issued for cancellations made after June 20 or for "no-shows." All cancellation requests must be made in writing to the PA Bankers Association.					
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 Not Disease Mitigation Notice and agree to					
APPLICANT STATEMENT: I have read the this form, I agree to abide by all the recommendations.	quirements for participatio	n in this program includ		-	
departure times as set by the directors regarding my qualifications for admissi	· · · · · · · · · · · · · · · · · · ·	information	FOR INTERI	NAL USE ONLY	
	-		Date:		
Contact for Questions: Jackie Catalano ● (717) 255-6939 ● jcat	catalano@pabankers.com		Check #:		
. , ,			Amount: \$		