



Registration Form

Registration Main Contact

Name _____ Title _____

Company _____

Address _____ City/ST/Zip _____

Phone _____ Registering self? Yes No

Email _____

Program Information

Program Title _____

Date _____ Fee _____

Registrant Information *(if different than main contact or if more than one registrant)*

Name _____ Title _____

Email _____ Phone _____

Name _____ Title _____

Email _____ Phone _____

Name _____ Title _____

Email _____ Phone _____

Registration Total Cost \$ _____

Payment Information

Please Invoice Check is enclosed Please charge my VISA/MC

Card Number _____ Exp Date _____

Name on Card _____ Card Zip Code _____

Billing Contact Email Address _____

Return completed form to:

Email: registration@wabankers.com

Mail: 1601 5th Avenue, Suite 2150, Seattle, WA 98101

Phone: (206) 447-1700. Fax: (206) 223-6453.

**Attendance at WBA programs is limited to employees, officers and directors of WBA members, non-members eligible for membership in the WBA and members of other state banking associations which grant reciprocal privileges to WBA members.*

Cancellation Policy: For all cancellations that occur up to seven days prior to the start date, a \$50 cancellation fee will be charged. For cancellations with less than seven days notice, there will be no refunds. A substitute can attend at no fee. For cancelled courses and/or seminars, full fees will be refunded.

Cancellation Procedure: Cancellations must be sent in writing to the WBA office via email, fax, or mail. No refunds will be granted until a written cancellation request is received by WBA.