



Compensation & Benefits Benchmark Survey 2012

CUSTOMER INFORMATION

Please print clearly:

Mr./Ms. First Name _____ Last Name _____

Title _____

Bank/Firm _____

Address _____

City _____ State _____ Zip+4 _____

Telephone Number _____ FAX Number _____

E-mail Address (Required for Confirmation) _____

SURVEY PRICING

Survey:	Survey Participant	Non-Participant
CBA Member	\$475	\$950
Non-Member	\$800	\$1,600
Customized Survey:	Survey Participant	Non-Participant
CBA Member	\$625	N/A
Non-Member	\$950	N/A
Additional Copies:	Survey Participant	Non-Participant
CBA Member	\$50	\$100
Non-Member	\$75	\$150

SURVEY ORDER

Survey: \$ _____
 Hard Copy or CD

Customized Survey: \$ _____
 Hard Copy or CD

Additional Copies: \$ _____
 Hard Copy or CD

METHOD OF PAYMENT

- Check (Payable to California Bankers Association)
- Charge \$ _____ to my Visa MC Am Ex

_____ Exp. _____
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Cardholder's Name _____

Zip+4 _____

Signature _____

Sub-Total: \$ _____

Sales Tax: \$ _____
 (% _____ = City sales tax rate)

Total \$ _____

Mail completed form with payment to:

Linda Odell
 California Bankers Association
 1303 J Street, Suite 600
 Sacramento, CA 95814
 FAX: 916/438-4303

For more information, call 916/438-4403.

FOR CBA USE ONLY

CRM# _____
 2530-300305 _____
 CK# _____ AMT _____ DATE ISS _____
 CORP PERS _____ DATE DEP _____ BY _____

ORG ID _____
 IND ID _____
 DATE _____
 CONF SENT _____
 CANCELLED BY _____
 DATE _____ BY _____