

2022 BANK PRESIDENTS SEMINAR

January 11-14, 2022 • Montage Laguna Beach • Laguna Beach, CA

Registration Form

Ways to Register

Register ONLINE and pay via credit card at westernbankers.com/BPS22.

For group reservations or login assistance, please contact Gina Titus at registrations@westernbankers.com or call (650) 759-7173.

Or MAIL this form with a check to:

Western Bankers Association
Attn: Accounting Dept. - A/R
1303 J Street, Suite 600
Sacramento, CA 95814

CONTACT INFORMATION

Name _____ Badge Name _____
Title _____ Company _____
Phone _____ Email _____
Mailing Address _____
City _____ State _____ Zip Code _____

In the unlikely event of an emergency, please provide contact information for our files:

Name of Emergency Contact

Emergency Contact Mobile Phone

FEE SUMMARY

WBA Bank Member

Regular pricing: \$995

Bank Non-Member

Regular pricing: \$1,095

Guest Registration: \$495

(A guest cannot be an industry-related professional)

The guest program includes the following:

- ✓ Wednesday, January 12: **Welcome Reception**
- ✓ Friday, January 14: **Breakfast**
- ✓ Thursday, January 13: **Breakfast, Lunch, Reception, & Dinner**

Name of Guest

A check payable to Western Bankers Association is enclosed. Please mail along with this form to:

Western Bankers Association

Attn: Accounting Dept. - A/R
1303 J Street, Suite 600
Sacramento, CA 95814

REGISTRATION QUESTIONS?

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CANCELLATION POLICY

Registration fees less a \$75 processing fee per registrant will be refunded if cancellation is received by **December 28, 2021**. No refund if cancellations are received after **December 28**.

FOR WBA USE ONLY

Batch # _____
CK # _____ AMT _____ Date Iss _____
Check: Corp / Personal _____ Date Dep _____ By _____

Invoice # _____
Contact # _____
Date _____ By _____



Western Bankers Association

Credit Card Authorization Form

This will authorize Western Bankers Association to charge my credit card as indicated below, the amount of \$_____ as payment towards:

Membership:

Event Registration: _____(please specify)

Publication: _____(please specify)

Other: _____(please specify)

Contact Name: _____

Institution Name: _____

Phone: _____

Email: _____

⇄ PAY BY CREDIT CARD ⇄

CHARGE \$ _____ TO MY VISA MC AMEX Discover

	Exp Date	CVV

Cardholders Name: _____

Zip+4: _____

Signature: _____

Please complete this form and fax back to Victoria Aguilar at (916) 438-4341.
(Secure Fax Email Inbox)