



California Bankers Association  
**2013 Internal Audit School**  
**May 7 – 9, 2013 • San Francisco Airport**  
 Registration Form

**EARLY-BIRD DISCOUNT**  
 Save \$300!  
 Register by  
 April 12

**THREE WAYS TO REGISTER** (Please check one)

<input type="checkbox"/> <b>ONLINE</b> <a href="http://www.calbankers.com/banking-schools">www.calbankers.com/banking-schools</a>	<input type="checkbox"/> <b>CREDIT CARD</b> Fax completed form to: (916) 438-4315	<input type="checkbox"/> <b>BY CHECK *</b> Mail your check to: California Bankers Association Attn: Accounting Dept – A/R 1303 J Street, Suite 600 Sacramento CA 95814
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**REGISTRATION INFORMATION**

One registrant per form. Please type/print clearly.

Bank/Firm \_\_\_\_\_

Mr.  Ms. Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Nickname (for badge) \_\_\_\_\_ Title \_\_\_\_\_

E-mail Address (required for confirmation) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Street Address \_\_\_\_\_

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

Alternate Email Address (for additional confirmation) \_\_\_\_\_

<b>EARLY-BIRD REGISTRATION FEES</b> <i>by April 12, 2013</i>	<b>REGULAR REGISTRATION FEES</b> <i>after April 12, 2013</i>
CBA Member <input type="checkbox"/> \$1,500	CBA Member <input type="checkbox"/> \$1,800
Non-Member <input type="checkbox"/> \$2,500	Non-Member <input type="checkbox"/> \$2,800

**CREDIT CARD INFORMATION**

CHARGE \$ \_\_\_\_\_ TO MY:  Visa  MC  AmEx

Exp Date														

Cardholder Name: \_\_\_\_\_

Zip+4: \_\_\_\_\_

Signature: \_\_\_\_\_

**CANCELLATION POLICY**

Substitutions are allowed, at no additional cost. Written notice is required for all cancellations. If the request is received by Tuesday, April 16, 2013, the full registration fee will be refunded, minus a \$250 processing fee. If the request is received by Tuesday, April 23, 50 percent will be refunded. No refunds will be granted after April 23. Registrations made after April 23 are not subject to refund.

**MEETING LOCATION**

**The Westin San Francisco Airport**  
 1 Old Bayshore Highway  
 Millbrae, CA 94030  
 (650) 692-3500

Submission of this form to CBA constitutes acceptance of the fees and policies outlined. Please allow 48 hours to process your registration. Confirmation will be emailed to the address(es) provided.

**FOR CBA USE**

CRM# _____	REG ID _____
2530- 200218 _____	IND ID _____
CK# _____ AMT _____ DATE ISS _____	DATE _____
CORP/PERS DATE DEP _____ BY _____	

**REGISTRATION QUESTIONS?**

Please send an email to [registrations@calbankers.com](mailto:registrations@calbankers.com).

**SEMINAR QUESTIONS?**

Please contact Laurie Eaton at (916) 438-4433.

**\*Please fax this form to (916) 438-4315 and mail a copy with your check, to ensure your enrollment.**