

2021 REGULATORY COMPLIANCE CONFERENCE & CANNABIS FORUM

October 12-15, 2021 • Virtual Conference • Online

Registration Form

Ways to Register

Register ONLINE and pay via credit card at westernbankers.com/RCCF21.

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

The 2021 Regulatory Compliance Conference & Cannabis Forum access link will be sent out a week before the event, which is personalized for each registered attendee. This link is **not shareable**. If someone else from your organization would like to participate, they will need to register to receive their own personalized access link to the 2021 Regulatory Compliance Conference & Cannabis Forum.

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

Name of Emergency Contact

Emergency Contact Mobile Phone

FEE SUMMARY

2021 WBA Bank Member

Regular pricing: \$995

One Registration Fee, Unlimited Attendees per Organization

Member Web Pass Holder	Non-Member Web Pass Holder
\$995	\$1,195
Bank Non-Member: \$1,195	WBA Associate Member: \$2,500
Government Agency Staff: \$1,195	

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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 **September 27, 2021**. No refund if cancellations are received after **September 27**.

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 <input type="checkbox"/>	MC <input type="checkbox"/>	AMEX <input type="checkbox"/>	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)