

## **WBA Registration Form**

## **Primary Contact/Registrant** Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_ Company: \_\_\_\_\_ Email: Registering Self: OYes O No **Program Information** Program Title: \_\_\_\_\_ Program Date(s): \_\_\_\_ Program Cost: \_\_\_\_ **Additional Information** Name\_\_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_\_ Phone \_\_\_\_\_ Name\_\_\_\_\_\_ Title \_\_\_\_\_\_ Email \_\_\_\_\_\_ Phone \_\_\_\_\_ Name\_\_\_\_\_\_Title \_\_\_\_\_ Email \_\_\_\_\_\_ Phone \_\_\_\_\_ Name\_\_\_\_\_\_ Title \_\_\_\_\_\_ Email Phone Name Title Email \_\_\_\_\_\_ Phone \_\_\_\_\_ Name\_\_\_\_\_\_ Title \_\_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_ Registration Total Cost \$\_\_\_\_\_ **Payment Information** • Credit Card (please send payment link) • Check is enclosed • Invoice To:

Register: reg@wabankers.com

Billing Contact \_\_\_\_\_ Email \_\_\_\_\_

Washington Bankers Association, 601 Union Street, Suite 1720, Seattle, WA 98101. Call: (206) 447-1700. Online: www.wabankers.com.

<sup>\*</sup> 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.