

# 2019 Montana & Wyoming Bankers Convention

June 6-8, 2019

Snow King Resort - Jackson, Wyoming

## Exhibitor Attendee Reg. Form



Name: \_\_\_\_\_ Name for Badge: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2<sup>nd</sup> Attendee: \_\_\_\_\_ Name for Badge: \_\_\_\_\_

### Type of Registration

- Exhibitor Registration  
 2<sup>nd</sup> Exhibitor Registration (limit 1)  
 Friday Dinner & Entertainment

Paid Exhibitor  
\$500  
\$100 # \_\_\_\_\_

### Meal Functions

Please indicate the meals you will be attending to allow accurate meal counts.

Thurs/Friday:	Receptions	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> 2 <sup>nd</sup> Attendee
Friday:	Breakfast Buffet	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> 2 <sup>nd</sup> Attendee
	Dinner/Entertain.(fee)	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> 2 <sup>nd</sup> Attendee
Saturday:	Breakfast Buffet	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> 2 <sup>nd</sup> Attendee

Optional Activities - Must be a full registrant to participate. Must pre-register for optional activities. Space is limited!

**Golf Scramble** (Friday, June 7) **\$150 pp**

Handicap

Partner Preference

Name(s): \_\_\_\_\_

Name(s): \_\_\_\_\_ \$ \_\_\_\_\_

**Scenic Float with Lunch** (Friday, June 7) Adults & children -\$90 each (minimum. age 4)

Name(s): \_\_\_\_\_ # \_\_\_\_\_ Adult(s) # \_\_\_\_\_ Child(ren) \$ \_\_\_\_\_

Name(s): \_\_\_\_\_ # \_\_\_\_\_ Adult(s) # \_\_\_\_\_ Child(ren) \$ \_\_\_\_\_

**Optional Activities: Registration Deadline is May 22<sup>nd</sup> - No refund for cancellations**

### Please register by May 29<sup>th</sup>

Use only one form per registrant. For multiple registrants, please copy or request additional forms. A cancellation processing fee of \$150 will be charged for all cancellations made after Tuesday, May 15. No refunds on cancellations made after May 22<sup>nd</sup>.

### Payment Information

\_\_\_\_\_ Invoice Me \_\_\_\_\_ Check Enclosed (Payable to WBA) \_\_\_\_\_ Credit Card (Visa / MC / AMEX / DISC)

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

Address of Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Send all registrants to: Wyoming Bankers Association, P.O. Box 2190, Cheyenne, WY 82003 \* FAX: 307-638-5013 \*

Email: [cheryl@wyomingbankers.com](mailto:cheryl@wyomingbankers.com)