



2017



CAPITAL SUMMIT

INFORM.
IMPACT.
INSPIRE.

April 30 to May 3 2017, Grand Hyatt Washington, Washington, DC

REGISTRATION INFORMATION

Check one: ICBA Member Non-member

Is this your first time attending? Yes No

Check one: Mr Mrs Ms

Name (as you want name to appear on badge) _____ Title _____

Bank/Company _____

Address _____ City/State/Zip _____

Phone _____ Fax _____

Email Address _____

Spouse/Guest* _____

*A guest is a spouse, significant other, or friend who is not in a financial occupation. A co-worker or an associate with the financial services industry may not be considered a guest. Only registered guests will be allowed access to summit activities.

REGISTRATION FEES

Banker and their spouse/guest are complimentary.

Company representatives, consultants and their spouse/guest will be charged a fee as follows:

		FEES ENCLOSED
Company Main Registrant	\$375	_____
Company Spouse/Guest*	\$250	_____
Total		_____

Name the State/Regional Association you are affiliated with:

PAYMENT SECTION

Mastercard Visa American Express Discover

Card Holder Name _____ Credit Card Number _____

Expiration Date _____ Amount \$ _____ CID# (3 digit on the back your card) _____

Card Holder Signature _____

TO REGISTER

ELIGIBLE ATTENDEES

The ICBA Capital Summit is an opportunity for bankers to lobby Congress and regulators. Registration is open to community bankers and event sponsors only.

FAX

320-352-5567

MAIL

ICBA, Attn: Registrar
518 Lincoln Road/P.O. Box 267
Sauk Centre, MN 56378

SPECIAL NEEDS

If you have special needs that may affect your participation in this event, please check here. We will contact you to discuss.

CANCELLATION

Cancellation must be received in writing by April 1st for a full refund, less a \$35 per person processing fee; 50% refund if received before April 27. No refunds given after April 27. A substitute registration will be accepted.

Attendance at all ICBA programs will be considered on a first come, first served basis. If the program is cancelled, ICBA's liability is limited to the registration fee.

ROOM REGISTRATION

You are responsible for making a room reservation.

I made a reservation at the Grand Hyatt Washington.
 I am staying at another property:

Name of person completing this form _____

Phone _____

Email Address _____

QUESTIONS?

For further information, call 1-866-843-4222 or email us at convention@icba.org