

# 2018 CAPITAL SUMMIT

INFORM.  
IMPACT.  
INSPIRE.

April 8 to April 11 2018, 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 \_\_\_\_\_

## EMERGENCY CONTACT

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

## 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 March 1st for a full refund, less a \$35 per person processing fee; 50% refund if received before April 2nd. No refunds given after April 2nd. 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](mailto:convention@icba.org)