

# EARLY REGISTRATION AND GENERAL INFORMATION

**29<sup>th</sup> BAFT Annual Conference on International Trade**  
**October 24 & 25, 2019**

**Radisson Blu Hotel**  
221 N. Columbus Dr.  
Chicago, IL 60601

## Reserve a guestroom

call: +1 (312) 565-5258

Mention Promo code:

**"BAFT29"**

Or online by

[Clicking Here](#)

## THREE WAYS TO REGISTER:

### ONLINE

Complete the on-line registration form at [www.baft.org](http://www.baft.org)

### FAX

Complete this form and fax to  
+1 202- 663-7543

### CALL

+1 202-663-5087  
(American Bankers)

## QUESTIONS?

For further information on registration, please call  
**+1 202 -663-7575**

If you have special needs that may affect your participation in this event, please email [events@baft.org](mailto:events@baft.org) to discuss.

## CONFERENCE REGISTRATION (all information is mandatory)

Registrant \_\_\_\_\_  
(last name) (first name)

Title \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

## ATTENDANCE LIST/CANCELLATION POLICY

October 11, 2019, is the deadline to be listed on the Attendance List for the Annual Conference for International Trade. **Cancellations must be received in writing to BAFT Registration Department at [events@baft.org](mailto:events@baft.org) or faxed to + 1 202-663-7543.** Full refunds (less a \$350 processing fee) will be given prior to **September 13, 2019.** **No refunds will be issued after September 13, 2019** however, if you need to cancel, substitutions are welcome.

## EARLY REGISTRATION FEES (RATES APPLY ON OR BEFORE SEPTEMBER 13)

- |   |         |
|---|---------|
| <input type="checkbox"/> Early Member Registration – Full Conference .....        | \$1,400 |
| <input type="checkbox"/> Early Non-Member Registration – Full Conference .....    | \$1,950 |
| <input type="checkbox"/> Government /Future Leader Alumni – Full Conference ..... | \$1,150 |

## ADD ON

**4<sup>th</sup> ANNUAL SUPPLY CHAIN FINANCE WORKSHOP ONE DAY –WEDNESDAY OCTOBER 23,2019!**  
**CONSIDER ADDING THIS WELL RECEIVED WORKSHOP TO YOUR CONFERENCE REGISTRATION!**

- |   |       |
|---|-------|
| <input type="checkbox"/> Member Registration – Supply Chain Workshop .....    | \$300 |
| <input type="checkbox"/> Non-Member Registration – Supply Chain Workshop..... | \$450 |

**Team pricing is for 5 or more from the same institution for full conference only, registering at the same time.**

Day only, Speaker or discounted pricing does not count towards team pricing. For groups with 5 or more attending the full conference, please contact [events@baft.org](mailto:events@baft.org) to arrange for the group discount of \$100 off each registration.

**In compliance with GDPR, you must answer each of the boxes below for us to complete your registration. Your registration will be pending until we receive your consent/response.**

YES NO

- I have authority to provide as the Registrant (or have authorized my representative to submit this consent form on my behalf) including the personal data disclosed herein (Registrant(s) name, title, company name, email and mailing address) and I understand that this personal data is being collected for purposes of event administration, research and marketing.

YES NO

- I have read and agree to BAFT Registration and Attendance Terms and Conditions found [here](#) (or visit [www.baft.org/terms\\_conditions](http://www.baft.org/terms_conditions)).

YES NO

- I consent to the sharing of my personal data with BAFT, event sponsors, exhibitors, and attendees for the purpose of event specific communications, including but not limited to attendee confirmation and communications on bilateral meetings. I understand that if I do not consent then I will not receive the pre-conference attendee list and any event related communications.

*If you would like to update your personal preferences please visit [www.baft.org/mypreferences](http://www.baft.org/mypreferences)*

## PAYMENT

- Check (payable to BAFT, for meeting registration only)     VISA     MasterCard     American Express

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Security Code # \_\_\_\_\_

Note: I agree to pay the above total amount according to the card issuer agreement.     Send INVOICE

**ADDRESS TO SEND CHECKS: PO BOX 79064, Baltimore, MD 21279**

**WIRE TRANSFER Payable to: American Bankers Association, SunTrust Bank, 1445 New York Avenue, N.W., Washington, DC 20005 Routing Number: 061000104 Wire Transfer Account Number: 206664656**

**Attn: BAFT Accounting**

