

REGISTRATION AND GENERAL INFORMATION

**2019 BAFT
Regional Bank
Conference**
June 20, 2019

Wintrust Bank
9700 W. Higgins Rd.
2nd Floor
Rosemont, IL. 60018

THREE WAYS TO REGISTER: ONLINE

Complete the
on line registration form
at www.baft.org

Phone

+1 800 226 5377
(phone is answered ABA)

FAX

+1 202 663 5538
Please be sure to include
credit card information

SPECIAL NEEDS?

If you have special
needs that may affect
your participation please
email events@baft.org.

QUESTIONS?

For information on
registration
+1 202 663 7575
events@baft.org

HOTEL

ACCOMMODATIONS

Hotel reservations are the
responsibility of
attendees and should be
made directly with the
hotel.

Please contact area hotel
directly for rates &
availability:

Hyatt Rosemont
(847) 518 1234

Or

**Hampton Inn & Suites
Rosemont**
(847) 692 3000

CONFERENCE REGISTRATION (all information is mandatory)

Registrant _____
(last name) (first name)

Nickname (for badge) _____

Title _____

Institution _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Email _____

ATTENDANCE LIST/CANCELLATION POLICY

June 7, 2019, is the deadline to be listed on the Attendance List. **Cancellations must be received in writing to BAFT at events@BAFT.org.** Full refunds will be given prior to May 10, 2019. No refunds will be issued after May 10, 2019; however, if you need to cancel, substitutions are welcome.

- Member Registration.....\$ 350
 Non-Member Registration.....\$ 450

FREE To everyone registered for the **Regional Bank Conference**, please join us, Wed, June 19, 3pm-6pm (same location) for the **Credit Insurance Workshop**, followed by an evening reception.

- Yes, I will also join the Credit Insurance Workshop.....\$ 0

In compliance with GDPR, you must answer the 3 questions below. The first and second question must be answered YES 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](http://www.baft.org/terms_conditions) (or visit 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

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

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