

WIB WiBinar

REGISTRATION & ON-DEMAND ORDER FORM



Please fill out this form electronically or print legibly, scan, and email the completed form to: webinars@westernbankers.com

Contact Information

Name _____			
Title _____	Company _____		
Email _____	Telephone _____		
Mailing Address _____	City _____	State _____	Zip Code _____

WiBinar Selection

Title	Live	On-Demand

Live WiBinars (up to 4 logins)

	Price per WiBinar	Quantity	Total Cost
Member	\$195		\$
Non-Member	\$249		\$
2019 Season Pass (Complimentary)			

WiBinar On-Demand (playback format only)

	Price per WiBinar	Quantity	Total Cost
Member	\$195		\$
Non-Member	\$249		\$
2019 Season Pass (Complimentary)			

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Payment Information

Charge my credit card: Visa Mastercard Discover American Express

Card Number _____ Exp Date _____

Cardholder Name _____ Zip Code _____ Signature _____

Check payable to Western Bankers Association

Mail check to:

Western Bankers Association
Attn: Accounting Dept. – A/R
1303 J Street, Suite 600
Sacramento, CA 95814

For WBA use only

CRM # _____

CK # _____ AMT _____ Date Iss _____

Check: Corp / Personal _____ Date Dep _____ By _____

Reg ID _____

Ind ID _____

Date _____ By _____