

# BANK LEGAL RISK MANAGEMENT CONFERENCE

October 24 – 25, 2024 | Courtyard by Marriott, Columbia, MO

## REGISTRATION FORM

Please register the following individual(s). Please enter the information below EXACTLY as you wish it to appear on your name badge and registration list. Please copy this form for additional registrations.

Please PRINT or TYPE below. You may photocopy this form for additional registrants.

### Organization Information

Bank \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Name of Attendees

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

### Registration Fees

\$450.....first registrant # \_\_\_\_\_ \$ \_\_\_\_\_

\$375 .....each additional # \_\_\_\_\_ \$ \_\_\_\_\_

\$325 .....Thursday only # \_\_\_\_\_ \$ \_\_\_\_\_

\$250 .....Friday only # \_\_\_\_\_ \$ \_\_\_\_\_

\$1700 .....nonmember fee # \_\_\_\_\_ \$ \_\_\_\_\_

**Total Amount Due:** \$ \_\_\_\_\_

### Payment Choice (check one):

- Check enclosed, payable to MBA.
- Invoice Bank
- Credit Card Payment (Please type.)




**Exp. Date** \_\_\_\_\_

**No.** \_\_\_\_\_

**Type Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

### Three Ways to Register

-  573-636-8151
-  [mobankers.com](http://mobankers.com)
-  Mail check payable to Missouri Bankers Association and form to:  
Missouri Bankers Association  
P.O. Box 57  
Jefferson City, MO 65102

### DISABILITIES & DIETARY RESTRICTIONS

If you have any disabilities or dietary restrictions, please contact Eric Lawson at 573-636-8151 or [elawson@mobankers.com](mailto:elawson@mobankers.com).

