



# REGISTRATION FORM

**April 15 – 16, 2025 – Courtyard by Marriott, Columbia**

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

## Organization Information

Bank \_\_\_\_\_

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

Phone \_\_\_\_\_

### Name of Attendee \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

### Method of Payment \_\_\_\_\_

First Registrant.....\$425 # \_\_\_\_\_ \$ \_\_\_\_\_

Each additional.....\$390 # \_\_\_\_\_ \$ \_\_\_\_\_

Nonmember.....\$1,700 # \_\_\_\_\_ \$ \_\_\_\_\_

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

### Name of Attendee \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

*\*Contact the MBA Education Department for group discount.*

*\*Fees include meals, reception, refreshment breaks and conference materials. These fees do not include hotel accommodations.*

Invoice the bank.

Credit Card Payment\* (Please type.)

Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

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

CVV \_\_\_\_\_ ZIP \_\_\_\_\_

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

Signature \_\_\_\_\_

### Name of Attendee \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

### Name of Attendee \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

**Three Ways to Register**

- 573-636-8151
- mobankers.com
- Mail check payable to Missouri Bankers Association and form to:

Missouri Bankers Association  
P.O. Box 57  
Jefferson City, MO 65102

## Disabilities and Food Restrictions

If you have any disabilities or food restrictions that require special assistance, send a brief message explaining how we may best accommodate your needs to [elawson@mobankers.com](mailto:elawson@mobankers.com) or call 573-636-8151.