

2024 Bank Counsel Seminar Sponsorship Form

SPONSOR/ COMPANY					
COMPANY POINT O		mpany Name (will appear verbatim on all CBA mo	arketing material)		
Name					
Email		 Telephone			
_maii		relephone			
Full Address					
-		participate as a sponsor at	the following level:		
		eminar Sponsor - \$1,000			
Includ	des: - One reg	istration			
	- Copy of	attendee list two week prior to ever	nt		
	_	cognition and verbal recognition			
	- Speaker	introduction (based upon availabilit	y)		
ATTENDEE INFORMAT	IION				
Name		Title			
Email		 Telephone			
Full Address					
PAYMENT INFORMATION			PLEASE RETURN TO:		
Payment will be mailed for our total sponsorship balance due.			California Bankers Association		
Payment has already been collected by C BA or my sponsorship.			Attn: Accounting Dept. — A/R 1303 J Street, Suite		
) I hereby authorize C BA to	600 Sacramento, CA 95814				
ee. Credit Card Charge \$		○ Mastercard ○ American Express			
ard Number		Exp Date			
ardholder Name	Zip Code	Signature			

TERMS OF PAYMENT

Sponsors are required to pay 100 percent within 30 days of the date CBA receives the signed contract. If the event start date is less than 30 days from contract submission, payment must be received immediately. No branding or promotion will take place until full payment is received. If payment is not received in the time frame specified above, the sponsorship/exhibit space will be released and made available for sale again by CBA.

CANCELLATION POLICY

This sponsorship is not eligible for cancellation or subject to refund unless the event is cancelled.

QUESTIONS AND COMPLETED CONTRACTS

Gina Titus, Manager of Events & Marketing at 916.438.4417 or gtitus@calbankers.com.

VIFOR CBA USE ONLY			
Batch #			Invoice #
(E)2531/(S)2533-300333			Contact #
	AMT	Date Iss	 Date
Corp/Pers Date Dep			 Ву