

Registration Form

BY PHONE: +1-855-255-0755

BY EMAIL: support@bankingeducator.com

Conference Title: _____

No of User & Registration Options: _____

- ☐ Live ☐ Recording
☐ Transcript ☐ Digital Download

Billing Address

Name _____
Company _____
Address _____

City, State, Zip _____
Email Address** _____

** Required to RECEIVE a copy of your INVOICE/RECEIPT.

Telephone _____

Shipping Address (If different from billing address)

Name _____
Company _____
Address _____

City, State, Zip _____
Email Address** _____

** Required for electronic products.

(We will only call you if we have questions about your order.)

Payment

Purchase Order# _____

Please charge my: ☐ Visa ☐ Amex ☐ Other

Name on card: _____

Account #: |

Exp. Date: | | | | |

CVV: | | | | |

Zip: | | | | |

Signature: _____

Your satisfaction is guaranteed.

If for any reason you're not 100% satisfied with your purchase, call us at 1-855-255-0755, to arrange a refund (if applicable).

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