



48TH ANNUAL

Capitol Day + Capitol Night



See rates on flyer

Please Register the Following:

Name(s):

Event (check all that apply):

- Capitol Day Capitol Night
- Capitol Day Capitol Night
- Capitol Day Capitol Night

Contact Name: _____ Institution: _____

Address: _____ City+State+Zip: _____

Phone: _____ Email: _____

I require special assistance while at this event, please call me.

Payment Information:

Total Due: _____

Check enclosed

Credit Card: ___American Express ___Discover ___VISA ___Mastercard

Card Number: _____ Exp. Date: _____

Company: _____

Name on card: _____

Signature: _____

All payments must be received prior to the event. Please complete this form and return it with your check/credit card information to:

Florida Bankers Association, Attention: Cheryl Tucker
1001 Thomasville Road, Suite 201, Tallahassee, FL 32303
Phone: (850) 701-3508 + Fax: (850) 224-2423

Register online at www.floridabankers.com

Exclusive Event Sponsor

