

Delaware Bankers Association 2007 Delaware Trust Conference

November 28 - 30, 2007

Hotel du Pont, Wilmington, Delaware

PLEASE REGISTER BY NOVEMBER 9th

By Mail: Please print and complete the form and send to:

**Delaware Bankers Association Financial Education Alliance
P.O. Box 494, Dover, DE 19903**

Via Fax: Print and complete the form and fax it to: **(302) 678-5511.**

Please use only one form per registrant. For multiple registrants, please copy or request additional forms. Questions? Call 302-733-7452 or email: debankers@debankers.com

Name: _____

Badge Name: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Fax: _____

Registering for: *(prices include all scheduled meals & reception for that day & evening)*

- All Three Days (\$595 for DBA Members / \$795 for non-members*) \$ _____
- Wednesday (\$395 for Members / \$495 for non-members*) \$ _____
- Thursday (\$255 for Members / \$355 for non-members*) \$ _____
- Friday (\$195 for Members / \$295 for non-members*) \$ _____
- Wednesday Reception/Dinner[†] (\$175 for members/\$275 for non-members) \$ _____

[†]If you are not already attending Wednesday's sessions, or if you are bringing a guest to this dinner, you will need to register and pay separately)

Guest Name: _____

Total Payment: \$ _____

* 501(c)(3) nonprofit foundations/organizations may attend at the member rate.

I Will Be Attending the Following:

	Joint Session	Personal Trust Session	Corporate Trust Session
Wednesday 10:00 a.m.	<input type="checkbox"/>		
Wednesday 1:30 p.m.	<input type="checkbox"/>		
Wednesday 3:30 p.m.	<input type="checkbox"/>		
Thursday 9:45 a.m.		<input type="checkbox"/>	<input type="checkbox"/>
Thursday 2:30 p.m.		<input type="checkbox"/>	<input type="checkbox"/>
Thursday 3:45 p.m.		<input type="checkbox"/>	<input type="checkbox"/>
Friday 8:00 a.m.	<input type="checkbox"/>		
Friday 10:00 a.m.	<input type="checkbox"/>		

- Wednesday Lunch Wednesday Evening Reception & Dinner
- Thursday Breakfast w/Guest Speaker Thursday Lunch w/Guest Speaker
- Friday Continental Breakfast Dietary Restrictions (please state): _____

Payment Information: MasterCard Visa Discover

Name on Card: _____ Signature: _____

Card Number: _____

Expiration Date: _____ Security Code* _____

* (the last three digits of the number printed on the back of your credit card)

Check enclosed (for mail registrations). If paying by check, please make check payable to:
Financial Education Alliance (the educational subsidiary of the DBA), and place the check and this form in an envelope and mail to : DBA/FEA, P.O. Box 494, Dover, DE 19903.