



# Foundations of Delaware Trusts



## Order Form

Please send me:

Bank Assoc. Members

Non-Members

<input type="checkbox"/>	Reading & Interpreting a Trust Document	\$199	\$299	\$ _____
<input type="checkbox"/>	Basic Income, Estate, Gift and GST Tax	\$199	\$299	\$ _____
<input type="checkbox"/>	Discretionary Decision-Making	\$199	\$299	\$ _____
<input type="checkbox"/>	Division of Labor in Trust Administration	\$199	\$299	\$ _____
<input type="checkbox"/>	BSA and PATRIOT Act Best Practices	\$199	\$299	\$ _____
<input type="checkbox"/>	Due Diligence in On-Boarding of New Accounts	\$199	\$299	\$ _____
<input type="checkbox"/>	How to Properly Administer Directed Trusts	\$199	\$299	\$ _____
<input type="checkbox"/>	Income and Gift Tax Planning	\$199	\$299	\$ _____
<input type="checkbox"/>	Marketing Delaware	\$199	\$299	\$ _____
<input type="checkbox"/>	International Trusts	\$199	\$299	\$ _____
<input type="checkbox"/>	Quarterbacking the Trust Relationship	\$199	\$299	\$ _____
<input type="checkbox"/>	Key Factors of a Trust Document	\$199	\$299	\$ _____
<input type="checkbox"/>	Silent Trusts	\$199	\$299	\$ _____
<input type="checkbox"/>	Investment Basics	\$199	\$299	\$ _____
<input type="checkbox"/>	<b>Order All 14 Sessions and SAVE!</b>	<b>\$1,999</b>	<b>\$2,999</b>	\$ _____
<input type="checkbox"/>	<b>Order Any 3 for ions and SAVE!</b>	<b>\$499</b>	<b>\$699</b>	\$ _____
			<b>Total</b>	\$ _____

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Bank/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member State Banking Assoc. (please indicate state): \_\_\_\_\_

### PAYMENT INFORMATION

Check enclosed payable to: **Delaware Financial Education Alliance**

Please bill the name and address above

Pay by Credit Card (complete the information below)

Return Completed Form to:

email: renee.rau@debankers.com

Fax: 302-678-5511, or

Mail: DBA/FEA

P.O. Box 494

Dover, DE 19903-0494

attn: Renee Rau

Account Name: \_\_\_\_\_  Visa  MasterCard  Discover

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_