

REGISTRATION

Please note: An Associate Member/non-member company must exhibit and/or sponsor in order to attend the convention (advertising and golf signs excluded). Prior year exhibitors receive priority booth selection.

CONTACT INFORMATION *(to be displayed in marketing materials):*

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Website: _____

Email Address: _____

Company Description: _____

Primary Contact *(for pre-event materials and coordination):* _____

Primary Contact Phone Number: _____

Primary Contact Email Address: _____

EXHIBITOR REGISTRATION (CBAO MEMBER: \$1,550 / NON-MEMBER: \$1,995)

Please check the box next to each person planning to attend the Welcome Reception (included with registration), Community Banking Celebration (included with registration), and Chairman's Banquet (included with registration)

Booth Representatives (2): _____ _____

Additional Booth Representatives (\$400 per additional badge):

_____ _____

Preferred Booth Location (choose 3): 1st: _____ 2nd: _____ 3rd: _____

Exhibitors you prefer **not** to exhibit next to: _____

ADDITIONAL NETWORKING OPPORTUNITIES

Annual Golf Outing (CBAO MEMBER: \$169 / NON-MEMBER: \$219)

Name(s) / Quantity: _____

(Form continued on next page)

REGISTRATION (CONT.)

EVENT SPONSORSHIP REGISTRATION

DIAMOND (\$15,000) PLATINUM (\$10,000) GOLD (\$5,000) SILVER (\$3,500) BRONZE (\$1,500)

Preferred sponsorship choice (see corresponding level options):

A CBAO representative will be in contact to coordinate any complimentary booth space and/or convention attendees

GOLF OUTING SPONSORSHIP REGISTRATION

LUNCH (\$3,000) BEVERAGE CART (\$2,500) SWAG BAGS (\$2,500)

CONTEST HOLE (\$750) (golf participation not included) GOLF HOLE (\$500) (golf participation not included)

Golf participant: _____

PROGRAM ADVERTISING

BACK COVER (\$1,500) INSIDE COVER (\$1,000) FULL PAGE (\$750) 1/2 PAGE (\$500) 1/4 PAGE (\$250)

EVENT SCHEDULE EMAIL (\$500)

PAYMENT INFORMATION

Visa MasterCard American Express

Credit Card Number: _____

Expiration (MM/YYYY): _____ Security Code: _____ Billing Zip Code: _____

Billing Address: _____

Name (as it appears on card): _____

Total to be paid: \$ _____

Please complete the form and send via email to mwidder@cbao.com or fax (614) 846-4999.

CBAO's cancellation policy allows for a full refund for cancellations (minus a \$250 administrative fee) up until June 1, 2023. After June 1, a 50% refund will be given to cancellations made before July 1, 2023. Following July 1, no refunds will be given for cancellations.