



REGISTRATION

Advisor Workshop 2010

Register Your Financial Advisors for a BISA Workshop Near You:

<b>Dates and Locations (Check One):</b>		
<input type="checkbox"/> May 5-6 White Plains, NY	<input type="checkbox"/> June 23-24 Washington, DC area	<input type="checkbox"/> October 13-14 Atlanta, GA
<input type="checkbox"/> May 26-27 Chicago area	<input type="checkbox"/> July 14-15 West Coast	<input type="checkbox"/> October 27-28 Columbus, OH

Please complete the following information in order to register your Financial Advisors for the Workshop. Return your completed registration form via fax (610-989-9102) or email (ipersin@bisinet.org). For questions regarding registration, call Ilene Persin at 610-989-9047, ext. 27. For questions regarding the Workshop program, contact Bob Grieb at 610-989-9047, ext. 16.

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

Program/Sales Manager: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

# You Are Signing Up: \_\_\_\_\_

**BISA Membership Status:**

- Leadership Member
- Participating Member
- Regular Member
- Non Member

Contact information for Financial Advisors you are registering (If you already have a list in another format, you may attach, fax, or email it rather than filling out below. Use additional pages if necessary.)

Please note: The Workshop is designed only for producing Financial Advisors at depository institutions. Management and other employees should not be registered.

Name (1): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Name (4): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Name (2): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Name (5): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Name (3): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Name (6): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Please fax to 610-989-9102**