

REGISTRATION AND GENERAL INFORMATION

BAFT Global Annual Meeting - Europe January 18 - 20, 2016

L'Hotel du
Collectionneur
51-57 RUE DE
COURCELLES 75008
PARIS, FRANCE

TWO WAYS TO REGISTER:

ONLINE
Complete the
on-line registration form at
www.baft.org

FAX
+1 202-663-7543
Please be sure to include credit
card information.

QUESTIONS?
For further information on
registration, please call
+1 202-663-7575.

□ If you have special needs
that may affect your
participation in this event,
please check here. BAFT/
ABA will contact you to
discuss accommodations.

CONFERENCE REGISTRATION (all information is mandatory)

Registrant _____
(last name) , (first name)
Nickname (for badge) _____
Title _____
Institution _____
Address _____
City _____ State _____ Zip _____ Country _____
Phone _____ Fax _____
E-Mail _____

PLEASE CHECK ALL BOXES THAT APPLY TO YOUR BUSINESS FUNCTION

Sales Product Operations
 Operations Compliance Business Executive Trade Finance Clearing/RMB Mobile Banking
 Supply Chain Finance Insurance/Risk Mitigation Regulatory Basel III Other: _____

ATTENDANCE LIST/CANCELLATION POLICY

January 11, 2016, is the deadline to be listed on the Attendance List for the Global Payments Symposium. **Cancellations must be received in writing to BAFT Registration Department at events@baft.org or faxed to + 1 202-828-6073.** Full refunds will be given prior to November 30, 2015, partial refunds until January 4, 2016; but a \$150 processing fee will be incurred. No refunds will be issued after **January 5, 2016** however, if you need to cancel, substitutions are welcome.

REGISTRATION FEES – (ALL RATES ARE IN USD) EARLY BIRD ENDS DECEMBER 11, 2015

Member \$1,700
 Non Member \$2,400
 Member – One Day: Indicate Tuesday or Wednesday \$1,000
 Non Member – One Day: Indicate Tuesday or Wednesday \$1,700
 Government \$1,000
 Wednesday's Awards Luncheon Only \$100

****To register a group of 4 or more attendees from the same institution, please contact events@baft.org. Group registrations will receive a discount of \$150USD off each Full Conference Registration amount (excludes Luncheon Only and One Day registrations).**

RELEASE: I authorize BAFT to provide me with additional marketing and advertising communications regarding this and other conferences, meetings, and services provided by BAFT.

RELEASE: I authorize BAFT to share my contact information with its third-party supplier members to receive marketing materials and information on their products and services.

RELEASE: CONSENT TO USE PHOTOGRAPHS AND VIDEOS: All attendance of registered participants, attendees, exhibitors, sponsors and guests ("you") at American Bankers Association's ("ABA") conventions, conferences, meetings, or related activities, including all ABA subsidiaries and affiliates, ("Events") constitutes an agreement between you and ABA regarding the use and distribution of your image, including but not limited to your name, voice and likeness ("Image"). By attending the Events, you acknowledge and agree that photographs, video, and/or audio recordings may be taken of you and you grant ABA the right to use, in perpetuity, your Image in any electronic or print distribution, or by other means hereinafter created, both now and in the future, for media, art, entertainment, promotional, marketing, advertising, trade, internal use, educational purposes or any other lawful purpose.

RELEASE: ATTENDANCE LIMITATIONS AND LIABILITY Attendance at all ABA, its subsidiaries and affiliates, programs will be considered on a first-come, first-served basis. If the program is cancelled, ABA, its subsidiaries and affiliates, liability is limited to the registration fee.

PAYMENT

Check (payable to BAFT, for meeting registration only) VISA MasterCard American Express

Card # _____ Expiration Date _____

Signature _____ Security Code # _____

Note: I agree to pay the above total amount according to the card issuer agreement. Send INVOICE

ADDRESS TO SEND CHECKS: PO BOX 791317
Baltimore, MD 21279

WIRE TRANSFER *Please make certain that all extra fees assessed by your bank for making the wire transfer have been paid prior to transmitting the wire. Funds received by Sun Trust must equal the exact amount owed.

Payable to: American Bankers Association, SunTrust Bank, 1445 New York Avenue, N.W., Washington, DC 20005
Routing Number: 061000104 Wire Transfer Account Number: 206664656 Attn: Paula Davis/BAFT

HOTEL INFORMATION - Hotel rooms are the responsibility of the attendee and reservations are to be made by the individual, not by BAFT.

To book your room, please refer to this [direct link](#).

For additional assistance, send an email to: Florence.Apy@thegatecollection.com or call +33 1 58 36 67 00

Room rates - Your reservation must be guaranteed with a credit card.

Single occupancy: 260€ per night. Includes breakfast buffet

Double occupancy: 285€ per night. Includes breakfast buffet

Cancellation Policy:

- Prior to December 23, 2015 – you may cancel without incurring any fees.
- If you cancel between December 24, 2015 and January 12, 2016, a one night's cancellation fee will be charged to your credit card.
- If you cancel January 13, 2016 or later, the full stay will be charged to your credit card.

