

VIRGINIA BANKERS ASSOCIATION

GOVERNMENT RELATIONS

Organization: _____

Completed By: _____

Email: _____ Phone: _____

State Legislative Meeting Attendees: (**please notate which meeting location they plan to attend**)

<u>Name</u>	<u>Email</u>	Attending in: (city)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name on Card: _____

Card Number: _____ Expiration Date: _____

Security Code: _____ (CCV/CID) Circle: Visa | MasterCard | AmEx | Discover

Signature: _____

(If you would like to pay by check, please send your check along with this form to Megan Darmanin at the address below.)

Please Return to:
Virginia Bankers Association
Attn: Megan Darmanin
4490 Cox Road
Glen Allen, VA 23060
mdarmanin@vabankers.org
Phone: 804-819-4717

Charges Calculation:

\$45 per person to attend each State Legislative Meeting

Number of State Legislative Meeting Attendees _____ x \$45.00 = _____

State Legislative Meetings Grand Total = _____