



On-site Attendee Registration Form  
 Financial Services Technology Consortium  
 2008 Annual Conference – June 17-19, 2008  
 Hyatt Vineyard Creek – Sonoma County  
 Santa Rosa, CA

On-line: [www.fstc.org](http://www.fstc.org)  
 Email: [FSTCregister@truenorthintl.com](mailto:FSTCregister@truenorthintl.com)  
 Questions: Please call (703) 250-3464

Reg. Type	REGISTRATION PACKAGES	On-site	Total Registering	Total Cost
1	Member - Full Meeting Registration	*\$1125.00		
2	Non-Member – Full Meeting Registration	*\$1525.00		
<b>Subtotal of Registration Fees</b>				

\* Please ask if you are eligible for the team discount. Members pay only \$800 and Non-members pay only \$1,200 after a person from your bank or corporation pays the full registration fee.

**COMPANY INFORMATION** (Please print clearly)

Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Foreign Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

**INDIVIDUAL REGISTRANTS**

**1** \_\_\_\_\_  
 Prefix First MI Last Suffix  
 Nickname Title Email Address Registration Type

**2** \_\_\_\_\_  
 Prefix First MI Last Suffix  
 Nickname Title Email Address Registration Type

**3** \_\_\_\_\_  
 Prefix First MI Last Suffix  
 Nickname Title Email Address Registration Type

<b>METHOD OF PAYMENT:</b>	<b>GRAND TOTAL:</b> \$ <input type="text"/>	<b>PAID:</b> \$ <input type="text"/>
Payment Type (Registration must be accompanied by full payment to be processed.)		
Enclosed is my check for \$ _____ (Make Payable to FSTC)	Billing Phone Number: _____	
Credit Card # _____ <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Discover	Exp. Date: _____ / _____	
Card Holder Name: _____	Signature: _____	

**Cancellation/Changes Policy:** Registration cancellations received by June 6, 2008 will be refunded less a \$25 administration fee. After June 6, 2008 no refunds will be issued. Registration may, however, be transferred to substitute attendees at any time. Please send all cancellation/changes/substitution requests in writing to [FSTCregister@truenorthintl.com](mailto:FSTCregister@truenorthintl.com) or fax to (703) 250-3463. **IMPORTANT!**