



2023 NEVADA TRUST CONFERENCE



April 25-26, 2023

Paris Hotel | Las Vegas NV

Registrant Information: please enter information as it should be listed on the roster, you may use this form for all delegates using the same payment method, if you are registering and paying for more than 2 delegates, attach an additional form to include contact details. Individual confirmation and event credentials will be sent to each individual via email.

Please complete, then scan, fax or mail in this form with payment, or call 702-233-8607 to register over the phone. Online registration with CC Payment available at www.nvbankers.org/trust

1st Delegate First Name _____ Last Name _____
 Cell Phone _____ Email _____
 Company Title, Credentials (for CE)* _____
 Mailing Address including City, ST and Zip: _____

2nd Delegate First Name _____ Last Name _____
 Cell Phone _____ Email _____
 Company Title, Credentials (for CE)* _____
 Mailing Address including City, ST and Zip: _____

Continuing Education- we anticipate up to 16 CE hours for most designations

Nevada Bankers Association has assembled some of the nation's leading experts on trust and estate planning. Continuing legal education credit will be applied for in California, Nevada, and Utah. We are also seeking continuing education credit approval for CTFAs and CFPs. Materials detailing the presentations, including speaker biographies and presentation summaries, sufficient for self-reporting continuing education credit for CPAs will be provided. For past presentations by these presenters, continuing education credit has also been available for other credentials. If you are seeking continuing education credit for credentials other than those mentioned above, we urge you to reach out to the governing body of the applicable credential to determine if credit is available. We cannot guarantee that credit will be available in all cases or that the current year's field of study will be applicable to your area of specialty or valid continuing education for your credential.

Payment Information

Referral Source: _____ (EPCN, SFEPCC, ECG, UBA etc.)

Enter number of delegates from this form: _____

Enter number of additional delegates on separate forms: _____

-OR- This is an additional form, use payment information on previous form

Total number of delegates (all forms) _____ x \$1150 (\$950 NBA member) = Total Amount _____

***Early Bird Discount \$950 pp (\$875 NBA member), registration must be paid in full prior to March 6, 2023**

Total number of delegates (all forms) _____ x \$950 (\$875 NBA member) = Total Amount _____

Cancelation Policy: The registration cost minus a \$50 processing fee will be refunded in received no later than April 3, 2023. After April 3, 2023, registration fees are non-refundable, however registrations may be transferred, please notify NBA in a timely manner.

Please charge the card below Check Enclosed- payable to: Please email invoice to billing

Nevada Bankers Association
 1001 E Sunset Road #96513
 Las Vegas, NV 89193

Card Number: _____ Exp Date: _____

Name on Card / To be billed: _____ 3 Digit Security Code: _____

Billing Address: _____ City, State, Zip _____

Cardholder Signature: _____ Date: _____