

Registration Form



Space is Limited! Sign Up Today!

All registrants will receive a confirmation, via email. Please complete a separate form for each registrant. Anyone withdrawing within 10 days of a session will be charged the full student fee. Substitutions are permitted at any time.

Name:	Badge Name:			
Title: Ba	ank/Company: _			
Address:				
City: S	tate:	Zip Code:		
Business Phone:	Cell Phone:			
Email:				
I will be attending: All 3 sessions Key Information in a Trust Agreement 1/23/19 (1 p.m. to 3 silent Trusts 1/30/19 (9 a.m. to 11 a.m.) Investment Basics 2/6/19 (9 a.m. to 11 a.m.)	Membe \$499 / \$89 \$ p.m.) \$199 / \$34 \$199 / \$34 \$199 / \$34	9* 9* 9*	Non-Members \$799 / \$1,199* \$299 / \$449* \$299 / \$449* \$299 / \$449*	\$ \$ \$ \$
			Total	\$
* Includes session on Flashdrive. Each session v Fee includes continental breakfast, breaks, and a Dietary Restrictions & Special Needs (Please Sta	all materials. Eacl	n session begin	s at 9:00 a.m. and e	nds by 11:00 a.m.
·	itc).			
REGISTRATION PAYMENT INFORMATION Check enclosed payable to: <i>Delaware F</i> Check will follow Please bill the name and address above Pay by Credit Card (complete the inform		on Alliance		
Account Name:				asterCard Discover
Account Number:			Expiration Date:/	
Signature:				
Location: The University & Whist Club 805 N Broom St, Wilmington, DE 19806		e.rau@debanl 578-5511, or		

P.O. Box 494 Dover, DE 19903-0494

attn: Renee Rau