

2022 NEVADA TRUST CONFERENCE

March 1 & 2, 2022

Virtual Event | 11:00 am – 2:00 pm Pacific

Event Sponsors:

**PLATINUM**

**GOLD**

**SILVER**

**Registrant Information**: please enter information as it should be listed on the roster, use this form for up to 2 delegates using the same payment method, use a separate form for additional delegates. Individual confirmation and event log in credentials will be sent to each individual via email.

Text

Description automatically generated

**Complete, scan, fax or mail in this form, or call 702-233-8607 to register over the phone.**

**1st Delegate** First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A picture containing text

Description automatically generatedA picture containing text

Description automatically generatedCell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Title, Credentials\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address including City, ST and Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

****

**2nd Delegate** First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Title, Credentials\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address including City, ST and Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diagram

Description automatically generated with medium confidence**

**Continuing Education**

Logo, company name

Description automatically generated\*\* Continuing legal education credit will be applied for in California, Nevada, and Utah. Materials detailing the presentations, including speaker biographies and presentation summaries, sufficient for self-reporting continuing education credit for CPAs will be provided. We are also seeking continuing education credit approval for CTFAs and CFPs. 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**

Logo, company name

Description automatically generatedEnter number of delegates from this form: \_\_\_\_

Enter number of additional delegates on separate forms: \_\_\_\_

-OR-

  This is an additional form

Total number of delegates \_\_\_\_ x $159\* = Total Amount \_\_\_\_

Graphical user interface, text

Description automatically generated with medium confidence

**Logo, company name

Description automatically generated**Cancelation Policy: The registration cost minus a $50 processing fee will be refunded in received no later than February 15th. After February 15th, registration fees are non-refundable. Registrations may be transferred, please notify NBA in a timely manner.

Logo

Description automatically generated 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: \_\_\_\_\_\_

**Logo, company name

Description automatically generated**Billing Address: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A picture containing text, clipart

Description automatically generated

Please email form to: ana@nvbankers.org, fax 702-233-2546 or mail to 101 E Sunset Road #96513 | Las Vegas NV 89193