

New York Bankers Association
Essentials of Trust Administration
June 6 - 9, 2010
DoubleTree Hotel -- Tarrytown, NY

A separate form must be completed by each applicant. Please make additional copies of this form if needed. **Please type or print all information.** Make a copy of this application for your files.

APPLICANT:

Full Name _____

Title _____

Nickname (for badge) _____

Telephone _____

Fax _____

E-mail _____

Bank/Firm _____

Address _____

City _____ State _____ Zip _____

Immediate Supervisor _____

Telephone _____

In case of emergency, contact:

Telephone _____

OFFICER APPROVING THIS APPLICATION:

_____ (Signed)
_____ (Name – Please Type or Print)
_____ (Title)

For Office Use Only:
Date Received _____
Payment _____
Check No. _____
Date Acknowledged _____

REQUIREMENTS:

Each student is required to attend all class sessions, participate in discussions, complete an online course and an in-class exam.

FEE SCHEDULE:

- \$1,725 per registrant for NYBA members*
 \$1,895 per registrant for non-members

* Members of other State Bankers Associations may register at the member rate.

The fee covers the cost of **single room** for three nights, meals, tuition and instructional materials.

CANCELLATIONS:

Registrations cancelled prior to May 18 will be fully refunded. Registrations cancelled on or after May 18, 2010 are subject to a \$300 charge. Registrations cancelled on or after May 27, 2010 are subject to a \$600 charge. Registrations cancelled after June 1, 2010 will not be refunded. There is no charge for substitutions, but please call with their names. Requests for refunds must be made in writing and submitted to elegg@nyba.com.

PAYMENT:

Please make checks payable to the New York Bankers Association. To charge your registration to your VISA or MasterCard, complete the following (please type or print information, except for signature):

Check One: VISA MasterCard

Name as it appears on card

Card Number

Expiration Date

V-Code

Signature

PLEASE RETURN APPLICATION & PAYMENT TO:

New York Bankers Association

99 Park Avenue, 4th Floor

New York, NY 10016

Attn: Trust & Estate School

FAX: 212-297-1683

Please complete the background information on the reverse side of this form.

ESSENTIALS OF TRUST ADMINISTRATION

APPLICANT BACKGROUND INFORMATION

The information requested below is for administrative purposes only and will assist the Association in assigning housing, forming discussion groups, and planning future schools.

Name _____ Bank _____
<input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker <input type="checkbox"/> Male <input type="checkbox"/> Female Age _____ Roommate Preference (name) _____

Please check the appropriate boxes:

Educational Background **(check the highest level achieved)**

- High School
- Some College
- Associate Degree
- Bachelor's Degree
- Master's Degree – Bus. Adm.
- Master's Degree – Other Major
- Law Degree
- Other Advanced Degree

Total Years Trust/Estate Experience

- Less than 2 years
- 2 –4 years
- 5-7 years
- 8-10 years
- 11-15 years
- 16-19 years
- 20 and above

Other industry-specific schools/programs attended (please provide name and year attended): _____

Current work responsibilities: _____

Prior estate, trust or related experience includes: _____

Approximately how much of your time do you spend in the following areas?

New Business _____ %

Tax _____ %

Administration _____ %

Other _____ %

Investment _____ %

(specify): _____