



THE ARAB BANKERS ASSOCIATION OF NORTH AMERICA
INVITES YOU TO ATTEND

A CELEBRATION OF WOMEN IN FINANCE & INVESTMENT

ABANA 2015 DINNER

OCTOBER 14, 2015
583 PARK AVE
NEW YORK CITY

CONFERENCE

OCTOBER 15, 2015
583 PARK AVE
NEW YORK CITY



I will attend (Please indicate selection below. Each sponsor level includes 1 table of 10)

I am unable to attend but wish to be acknowledged as a supporter
at A Celebration of Women in Finance & Investment.
(Please indicate sponsorship level below.)

I am unable to attend.

SPONSORSHIP/TABLE(S)	ABANA MEMBER	NON-MEMBER
CONFERENCE PARTNER	<input type="checkbox"/> \$ 50,000	<input type="checkbox"/> \$ 50,000
DIAMOND	<input type="checkbox"/> \$ 25,000	<input type="checkbox"/> \$ 27,500
PLATINUM	<input type="checkbox"/> \$ 15,000	<input type="checkbox"/> \$ 17,500
GOLD	<input type="checkbox"/> \$ 10,000	<input type="checkbox"/> \$ 12,500
SILVER	<input type="checkbox"/> \$ 6,000	-

INDIVIDUAL TICKETS

DINNER	<input type="checkbox"/> \$ 350	<input type="checkbox"/> \$ 675
CONFERENCE	<input type="checkbox"/> \$ 100	<input type="checkbox"/> \$ 225
DINNER & CONFERENCE	<input type="checkbox"/> \$ 400	<input type="checkbox"/> \$ 725

E-mail this form to rsvp@arabbankers.org, fax to 1 212.599.3131 or mail to ABANA,
150 West 28th Street, Suite 801, New York, NY 10001.

For wire transfer details or other information, contact Gabby Elhilow at 1.212.599.3030 ext 1 or
info@arabbankers.org.

A Celebration of Women in Finance payments are non-refundable after October 5, 2015 and a limited number of tables
may be available at each sponsorship level. All tables seat ten guests. ABANA will contact table sponsors for their
guest lists. The member rate for sponsored tables is available to Institutional Members of ABANA only. Non-members
who sponsor tables may be eligible for a complimentary one-year institutional membership in ABANA. Non-members
who purchase seats may be eligible for a complimentary one-year individual membership in ABANA.

REGISTRATION

Name

Affiliation Title

Address

City State Postal Code

Country

Telephone Email

For Partners and Sponsors, Name of Company or Individual to be acknowledged

CREDIT CARD PAYMENT

Date Total Amount

Select One Visa MasterCard American Express

Credit Card #

Expiration Date Card Security Code

Cardholder Name

Cardholder Billing Address

Cardholder Signature