

AIB INSTRUCTOR-LED ONLINE REGISTRATION FORM

Name _____
 Company _____
 Company Address _____ **(No P.O. Boxes)**
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 E-Mail Address _____

Required. Please type or print clearly. You will receive log-in information via e-mail.

I hereby authorize the ABA to release my grade(s) to the Minnesota Bankers Association. Grades will be kept in my MBA file and my transcript will be available at any time.

Course Title	Catalog Number	Start Date	Price

Registration Policy: You must register a minimum of two weeks from the starting date in order to secure a spot in the class. If not, you may be moved into the next available class.

Cancellation Policy: For cancellations or transfers before the class starts there is a 100% refund. If you should cancel within 10 days of the class beginning there is a \$100.00 cancellation fee. After 10 days there is no refund.

Registrations will not be processed until payment has been received.

Total Amount Due: \$ _____

Please check payment type: Check is enclosed
 Visa/MC _____ Exp. Date _____
 Name on Card _____
 Signature of Card Holder _____

Mail this registration form to:
 Minnesota Bankers Association
 Attn: Chris Harrison
 8050 Washington Avenue South, Suite 150
 Eden Prairie, MN 55344



Fax: (952) 896-1100
Phone: (952) 835-3900