

ICBA Seminar Registration Form

Seminar/Audio
Conference Name: _____

Seminar Date: _____

Seminar Location: _____

Attendee's Name: _____

Badge Name: _____

Current Title at Bank: _____

Sponsoring Bank or
Bank Client: _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

**Payment must be made by credit card or check payable to:
ICBA, PO Box 267, Sauk Centre, MN 56378.**

Payment Amount: \$ _____

A check payable to ICBA is enclosed **OR** Charge my Visa MasterCard
 American Express Discover
Card Number: _____ CID# _____ ExpirationDate _____

Signature: _____

If you have any questions call the Community Banker University at 800/422-7285.

**Please fax completed form to the Community Banker University at 320/352-5366 or email
to communitybankeruniversity@icba.org**