



AIB Online Course – Student Registration Form

REGISTRANT INFORMATION

Mr. Ms.

Name _____

Title _____ Bank/Company _____

Street Address _____ P.O. Box _____

City _____ State _____ Zip _____

Email _____ Phone _____ Fax _____

COURSE SELECTION

Course Title	Course Code #	Start Date	Price
Product Total			
Shipping & Handling			\$7.50
Grand Total			

METHOD OF PAYMENT

Paying by Check – Remit this Form & Payment to: California Bankers Association
Attention: Laurie Eaton
 Lockbox Dept 44767
 P.O. Box 44000
 San Francisco, CA 94144-4767

NOTE: Send one copy of this form with your check, and fax a second copy to Registrations, (916) 438-4315 to expedite your enrollment.

Paying by Credit Card – Fax this Form to: CBA Registrations
 (916) 438-4315

Pay by Credit Card	
Charge \$ _____ to my <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX	
Card Number _____	Exp Date _____
Cardholder Name: _____	
Zip + 4: _____	
Signature: _____	

Due to size constraints of each class, you will not be registered until full payment has been received.

Questions? – Call Laurie Eaton (916) 438-4433