



# 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			\$15.00
Grand Total			

## METHOD OF PAYMENT

**Paying by Check – Remit this Form & Payment to:**  
**NOTE:** Send one copy of this form with your check, and fax a second copy to Registrations, (916) 438-4315 to expedite your enrollment.

California Bankers Association  
 Attn: Accounting Dept – A/R  
 1303 J Street Suite 600  
 Sacramento CA 95814

**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: _____	