

**MAINE ASSOCIATION OF COMMUNITY BANKS  
AND  
MAINE BANKERS ASSOCIATION**

**2008 Legislative Recap Seminar  
Thursday, June 26, 2008 at the Augusta Civic Center**

**SEMINAR AGENDA**

- 8:30 AM**    **Registration and Continental Breakfast**
- 9:00 AM**    **Welcoming Remarks & General Overview of Banking Legislation**  
*Chris Pinkham, MACB*  
*Joe Pietroski, MBA*
- 9:15 AM**    **Legislation Overview- MBA & MACB Staff**  
*Mark Walker, Esq., MBA, Vice President & Counsel*  
*Kathy Keneborus, MACB Education & Compliance Manager*
- |                  |                        |
|------------------|------------------------|
| Lending          | Insurance              |
| Human Resources  | Operations             |
| General Interest | Taxation               |
| Trust            | Dead but Not Forgotten |
- 10:30 AM**    **Networking Break**
- 10:45 AM**    **Lending in Maine after passage of Maine's Predatory Lending Law - Current Issues/ Future Issues**  
*Richard Hackett, Esq., Pierce Atwood*
- 12:00 PM**    **Adjournment**

**REGISTRATION INFORMATION**

The registration form is attached to this announcement. The registration fee includes a Legislative Recap Notebook for each registrant and lunch. CLE Credits: This program will be submitted for CLE credits.

# Registration Form

Fax #: (207) 774-5693  
E-Mail: jturner@mecb.com

Fax To: Jenn Turner

## 2008 Legislative Recap Seminar Thursday, June 26, 2008 at the Augusta Civic Center 9:00 AM to Noon

Registration Fee:

Members/Affiliates: \$ 45.00  
Non-Member Fee: \$145.00

Institution Name:

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Registrant Names:  
(Include Bar No. for CLE Credit)

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Name of individual completing this form: \_\_\_\_\_

Total Amount Enclosed: \$\_\_\_\_\_

Method of Payment: (check one below)

Check Enclosed                       Invoice Name Above

Invoice Name (if different than above) \_\_\_\_\_

Visa     Master Card     AMEX (If paying by credit card, please complete the information below)

Signature: \_\_\_\_\_ Print Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_  
*Street* *City* *Zip*

NO REFUNDS AFTER JUNE 19<sup>th</sup>  
For Accounting Office Use Only  
c.c. authorization \_\_\_\_\_  
Program Identification \_\_\_\_\_