



COMMUNITY BANK DIRECTORS COLLEGE

October 20, 2009

REGISTRATION FORM

FULL NAME

NICKNAME

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

REGISTRATION FEE: \$160 MACB members and affiliate members

_____ attendees @ \$160 = \$ _____ Enclosed

Please reply before October 14 to:

Maine Association of Community Banks, 489 Congress Street, Portland, ME 04101

Telephone (207) 791-8412 Fax (207) 774-5693 E-mail greenp@mecb.com

Institution _____ Contact _____

Telephone _____ E-mail _____

METHOD OF PAYMENT (check one): Check enclosed VISA MasterCard AMEX

Please make check payable to Maine Association of Community Banks. If paying by credit card, please complete the information below and fax or mail this form to the MACB office.

Signature: _____ Print signature: _____

Card Number: _____ Expiration Date: _____

Cardholder Address: _____