REGISTRATION FORM

COLLECTIONS TRAINING SEMINAR
October 6, 2009 8:30am – 4:30pm

Registration Fee:
Member Rate: $ 195.00
Non-Member Rate: $ 265.00

(No refunds after September 18, 2009)

Mail Your Registration Form To:
Maine Association of Community Banks
489 Congress Street, 3rd flr
Portland, ME 04101-3430

Fax Your Registration Form To:
207.774.5693

E-Mail Your Registration Form To:
grayd@mecb.com

CONTACT INFORMATION:

Contact _____

Title _____

Firm _____

Street Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

REGISTRANTS:

Name _____ E-mail (required) _____

Name _____ E-mail (required) _____

Name _____ E-mail (required) _____

Name _____ E-mail (required) _____

Name _____ E-mail (required) _____

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 or PO Box City St. Zip

For more information, please call Drinda Gray of Maine Association of Community Banks at 207.791.8400
Electronic registration files may be e-mailed to grayd@mecb.com