



NORTH DAKOTA  
**BANKERS**  
ASSOCIATION

## AIB Online Course Registration Form



**Enroll Two Weeks Prior to Start Date  
Instructor-Led Online Training**

Student Information	
First Name	
Last Name	
Title	
SSN	
Email Address	

Bank/Company	
Address	
City, St	
Zip	
Phone (work)	
Phone (home)	
Fax:	

Course Registration	
Course Title	
Catalog Number	
Start Date	
Course Fee	

I grant permission to send my course grade(s) to my ABA Local Training Provider and/or my supervisor:  
(please initial here): \_\_\_\_\_

**Send check and registration to:**  
North Dakota Bankers Association  
PO Box 1438  
Bismarck ND 58502-1438  
or fax to 701.258.0218

**Questions? Please call the North Dakota Bankers Association at  
701.223.5303 and ask for Dorothy Lick.**