



AIB REGISTRATION FORM 2010 Spring

Check Semester:

Spring 2010 (Registration: 3/8/10 – 3/29/10; Semester: 4/19/10 – 7/30/10)

_____-_____-_____
Student's Social Security Number

____/____/____
Today's Date

First Name Middle Initial Last Name

Work E-mail

Bank Name Routing & Transit Number

Home Address

Work Address

City State Zip

City State Zip

Home Phone

Work Phone Ext. Fax

Home E-mail

COURSES

MBC Course Code	Course Title	AIB Credit	Fee	✓ Don't Need Text
TOTAL*				

AGREEMENT

I have carefully read the MBC course schedule and policies and agree with all its policies regarding course registration, drops/adds, refunds, attendance, course fees, and Independent Study guidelines. For bank-subsidized registrations, the bank's HR department may receive pertinent information on courses, textbooks, attendance, withdrawals, refunds, grades, etc. I understand and will adhere to my institution's personnel policies regarding education, training, and development programs.

Student Signature: _____

Manager's Signature: _____

Manager's Name: _____

Manager's Phone Number: (____) _____

Manager's E-mail: _____

*AIB Textbooks & seminar materials ordered separately with Textbook Order Form.

****NOTE: Registration and textbooks/course materials for ABA eLearning Self-Paced Online and ABA/AIB Instructor-led Online courses are available at www.MBCtraining.com; click AIB, then Courses****

MBC Use Only: (Rev 3/2/10) DB Entry: ____/____/____ ID#: _____

FAX or MAIL to:
 MBC Training /AIB
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Fax: (586) 779-3715