



Idaho Bankers Association

Online Course Registration

(For ABA use: Bill to Training Provider #422453)

All information is required for registration.

First Name: _____ Last Name: _____

Email: _____ Work Phone: _____

Bank/Company: _____ Job Title/Position: _____

Physical Work Address: _____

City: _____ State: _____ ZIP Code: _____

Supervisor's Name: _____ Supervisor's Email: _____

Supervisor's Signature for billing authorization: _____

Please register me for the following ABA Instructor-led Online Course(s):

Course Title	Catalog #	Course Start/End Dates	Price
Refund Policy: There is a 100% refund for any cancellations or transfers made before the start of the class and <u>upon the return of the textbook to ABA</u> . Refunds will be made (less \$100 cancellation fee) if received within 10 business days from the start of course and the return of the textbook, if applicable. Please include your packing slip or order number with the return of your textbook. You may request a transfer only once with a fee of \$100.00. There are no refunds for cancellations received more than 10 business days after the start of the class.			Course Total: Handling, add \$6 <u>per course</u> for courses with e-book(s) : _____ x 6.00= Shipping & Handling, add \$22 <u>per course</u> for courses with textbook(s) : _____ x 22.00= Tax (6%) on Textbook(s): _____ Grand Total:

I hereby authorize release of my grade to my employer, the Idaho Bankers Association and to any accredited college or university for the purpose of receiving credit. My employer has the right to request full payment of this/these course(s) if I do not complete or I fail the course(s). I have and understand the Refund Policy and agree to adhere to those requirements.

Student Signature: _____ **Date:** _____

Method of Payment:

- Check Enclosed** (Payable to Idaho Bankers Association)
- Bill My Company** (Supervisor's signature required, Invoice Terms: Net 15)
- Credit Card:** VISA MasterCard American Express Discover

Credit Card Information:

Credit Card #: _____ Expiration Date: _____

Name on Card: _____ Card Security Code: _____

CC Billing Address: _____ City/State/Zip: _____

Please email or mail this form to:

Idaho Bankers Association • 816 W. Bannock St, Ste 5A • Boise, Idaho 83702
 Phone (208) 342-8282 or email to jhall@idahobankers.org