



MAINE ASSOCIATION OF COMMUNITY BANKS
COMMUNITY BANK DIRECTORS' FORUM
 May 11, 2007 ♦ Augusta Civic Center

REGISTRATION FORM

DELEGATE:

NICKNAME:

1. _____	_____
2. _____	_____
3. _____	_____
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5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

REGISTRATION FEE: \$165 per person, includes lunch

Reply to: Maine Association of Community Banks ♦ 489 Congress Street ♦ Portland, ME 04101
 Attention Pam Green ♦ Telephone (207) 791-8412
 Fax (207) 774-5693 ♦ E-mail greenp@mecb.com

Institution _____ By _____

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

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: _____

DEADLINE FOR REFUNDS ON CANCELLATIONS: MAY 4, 2007