



MAINE ASSOCIATION OF COMMUNITY BANKS  
**COMMUNITY BANK DIRECTORS' FORUM**  
May 9, 2008 ♦ 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) 791-8432 ♦ E-mail [greenp@mecb.com](mailto: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 2, 2008**