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AIB Course

◀ Registration Form ▶

**Register at least two weeks
prior to start date.**

South Dakota Bankers Assn
PO Box 1081
Pierre SD 57501
PH: 605-224-1653 or
Toll Free: 800-726-7322
FX: 605-224-7835

STUDENT INFORMATION

First Name:	Middle Initial:	Last Name:
Social Security Number:	Email Address:	

Bank/Company:			
Address:		Mail Code:	
City:	State:	Zip:	
Phone (work):	Phone (home):	Fax:	

COURSE REGISTRATION

Course Title and Catalog Number:	Check One	Course Fee:	Start Date:
1.	<input type="checkbox"/> Online <input type="checkbox"/> eLearning	\$	
2.	<input type="checkbox"/> Online <input type="checkbox"/> eLearning	\$	
3.	<input type="checkbox"/> Online <input type="checkbox"/> eLearning	\$	
4.	<input type="checkbox"/> Online <input type="checkbox"/> eLearning	\$	
5.	<input type="checkbox"/> Online <input type="checkbox"/> eLearning	\$	
TOTAL		\$	

PAYMENT INFORMATION

<input type="checkbox"/> A Check is Enclosed	<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard
<input type="checkbox"/> Bill My Employer (complete required information below)	Card Account #:
Bank/Company:	Card Holder's Name:
Address:	Card Holder's Address:
City/State/Zip:	Expiration Date:
Manager's Name:	Authorized Signature:
Manager's Signature:	Questions: Contact Jeanine at 605-224-1653 or jdyce@sdba.com
Manager's Phone #:	