

APPLICATION FORM - NON-US RESIDENT

2020 ABA STONIER GRADUATE SCHOOL OF BANKING

JUNE 4–11, 2020 | UNIVERSITY OF PENNSYLVANIA | PHILADELPHIA, PA



American Bankers Association

APPLICANT NAME _____
(Enter name as it should appear on your diploma.)

Title _____ Nickname (for badge) _____

Institution _____

Address _____

City _____ State/ZIP _____

Country _____ Email _____

Work Phone _____ Fax _____ Home Phone _____

Home address _____ City _____

State/Province _____ Country _____ Zip _____

Check here if you want mail sent to your home address

SPECIAL NEEDS If you have special needs that may affect your participation in this event, please check here.

We will contact you to discuss accommodations.

Answers to these questions are required to complete your registration. Visit aba.com/terms to learn more.

Yes No I have the authority to consent (or have received the Registrant's authority to consent) to the use of personal data such as name, title, company name, email address and mailing address. I understand that personal data is being collected for purposes of this event.

Yes No I have read and agree to the [ABA Conference/School Registration and Attendance Terms and Conditions](#).

Yes No I consent to ABA, its affiliates, subsidiaries and service providers using my personal data such as name, title, company name, email address and mailing address to send me information regarding ABA products and services.

Yes No I consent to ABA, its affiliates and subsidiaries sharing my personal data such as name, title, company name, email address and mailing address with third parties for the purpose of sending information regarding their products and services.

TUITION FEES (Please check appropriate boxes.)

ABA Member/ABA Service Member	\$4,245
Supervisory Agency	\$4,245
Non-Member	\$5,245

NOMINATING OFFICER'S INFORMATION

This application must be approved by the president, department head, human resource officer or other executive authorized by your bank/organization as the nominating officer. The nominating officer will be contacted on a periodic basis and apprised of the student's progress

OFFICER'S NAME _____

Title _____ Bank/ Organization _____

Address _____

City _____ State/ZIP _____

Country _____ Email _____

Work Phone _____ Fax _____

PAYMENT

TOTAL FEES \$ _____

Payment of tuition is due upon acceptance of the application. Your check or credit card will be processed at that time.

Charge my credit card. I agree to pay the tuition amount according to the card issuer agreement.

VISA Diners Club MasterCard American Express/Optima Discover

Check Check payable to ABA for all fees. Check must be accompanied by registration form. Send invoice upon acceptance

Card # _____

Expiration Date (mm/yyyy) _____ Security Code _____

Signature _____

I agree to pay the above total amount according to the card issuer agreement.

PLEASE PRINT THIS PAGE FOR YOUR RECORDS BEFORE SUBMITTING. Application will be reviewed and considered for acceptance.

Questions: Please contact Andrea Scott at ascott@aba.com or 202-663-5197 for more information.

TWO WAYS TO APPLY

1 FAX
202-663-7543

2 MAIL
Andrea Scott
ABA Stonier Graduate School of Banking
1120 Connecticut Ave., NW,
Washington, DC 20036

[Click here for ABA Conference/School Registration and Attendance Terms and Conditions](#) or visit aba.com/terms to learn more. Application Deadline: May 1, 2020

ATTENDANCE LIMITATIONS AND LIABILITY Attendance at all ABA, ABA subsidiary and ABA affiliate programs will be considered on a first-come, first-served basis. If the program is cancelled, the liability of ABA, its subsidiaries and affiliates, is limited to the paid tuition.

APPLICANT INFORMATION

FINANCIAL SERVICES EXPERIENCE

Please review admission requirements.

Year started work in the financial services industry: _____

List your financial services experience below, or attach a resume, current position first. Applicants must have at least 5 years of experiences in the financial services industry.

CURRENT POSITION _____

Officer (Check = yes)

Years From/To _____

PRIOR POSITION _____

Officer (Check = yes)

Years From/To _____

Institution _____

City/State _____

Title/Position _____

PRIOR POSITION _____

Officer (Check = yes)

Years From/To _____

Institution _____

City/State _____

Title/Position _____

Please indicate how you acquired knowledge through your experiences in at least three of the five following areas required for acceptance: financial statement analysis, bank operations, credit administration, accounting, and/or economics. (Please outline your experience on a separate attachment).

Educational Background (highest level attended)

- Some College
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- PhD or JD