

General Registration Form

Please use this form to register for NICB events where a specific form is not designated or you can not find a registration form for the event.

Event Date: _____

Event Name: _____

Bank/Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Person completing this Form: _____ Phone: _____

Please List Attendees Names

First Name	Last Name	Title

Registration Fee

A) Member Rate \$ _____ B) Non Member Rate \$ _____ (if applicable)

X 'S # OF ATTENDEES _____

Total Amount Due \$ _____

- Bill Institution
- Payment Enclosed - check payable to Nebraska Independent Community Bankers

Submit Registration Form by one of the following:

Fax Registration to 402.474.5729

E-mail: info@nicbonline.com

Postal Mail: NICB
PO Box 83073
Lincoln NE 68501-3073

Cancellation policy varies on each event. Contact NICB for information.