

REGISTRATION FORM



THE CHARTERED INSTITUTE OF BANKERS OF NIGERIA
(Incorporated in 1976 and Chartered by CIBN ACT No. 12 of 1990, now Act No. 5 of 2007)

4th ANNUAL BANKING & FINANCE Conference

DATE: September 23-24, 2010 **VENUE:** Congress Hall, Transcorp Hilton Hotel, Abuja

THEME: EVOLVING FINANCIAL LANDSCAPE: STRATEGIES FOR ECONOMIC RESILIENCE

Surname Mr/Mrs/Miss, etc	
Other Names	
CIBN Membership No. (Where applicable)	
CIBN Branch	
Organisation	
Address	
Tel. No.	Mobile
Fax	E-mail
Designation	

CONFIRMATION OF ATTENDANCE AND PAYMENT

I hereby confirm that I will attend the 4th Annual Banking and Finance Conference

I attach herewith..... bank draft/certified cheque no.....

For..... Being the Conference Fee.

*Please make cheque/draft to **"The Chartered Institute of Bankers of Nigeria"** or pay directly to our **First Bank of Nigeria Plc A/c No 2432010002922 OR Intercontinental Bank Plc A/c No 0022001000086074** and forward the teller to Muyiwaogunye@cibng.org

Signature.....

Date.....