

**North Carolina Bankers Association
2010 Compliance School
Alumni Update
Tuesday, September 28**

TUESDAY September 28
8:30 – 9:00 – Registration
9:00 - 10:15 Recent Developments and Common Errors, Loans
10:15 – 10:30 – Break
10:30 – 12:00 Recent Developments and Common Errors, Loans <i>Continued</i>
12:00 – 1:00 – Lunch
1:00 - 2:15 Recent Developments and Common Errors, Deposits
2:15 – 2:30 – Break
2:30 - 4:30 Recent Developments and Common Errors, Deposits <i>Continued</i>
4:30 – 5:00 Questions and Answers
Adjourn



**Carolinas Regulatory Compliance School Alumni Update
September 28, 2010
Sheraton Greensboro Hotel at Four Season, Greensboro, NC
Registration: 8:30 a.m. – 9:00 a.m. Program: 9:00 a.m. – 4:30 p.m.**

REGISTRATION

Name: _____ First Name I Go By: _____

Institution Name: _____

City/State/Zip: _____

Phone Number: (_____) _____ E-Mail Address: _____

The “**EARLY BIRD**” registration for the Alumni Update is **\$325.00** per person for NCBA/SCBA members. Fees must be received at the NCBA on or before **September 14**. For registration received at the NCBA **after** September 14, fees will be **\$350.00** per person for NCBA/SCBA members. Registrations are not accepted by phone.

DUE TO NECESSARY COMMITMENTS AND EXPENSES NO REFUNDS WILL BE MADE FOR ANY REASON AFTER SEPTEMBER 14.

HOTEL RESERVATIONS

The **Compliance School** will be held at the Sheraton Greensboro Hotel at Four Seasons. A block of rooms has been reserved for the rate of \$135.00 per night. Reservations are the responsibility of the student and should be made as soon as possible. When making your reservation, please identify yourself as attending the **Carolinas Regulatory Compliance School**. The reservation cutoff date is August 27.

Sheraton Greensboro Hotel at Four Seasons, 3121 High Point Road, Greensboro, NC 27407
Phone: 336/292-9161 / Fax: 336/2921407

PAYMENT INFORMATION:

_____ **Mailing a check to the NCBA**

_____ **Credit Card Information (VISA or MasterCard ONLY)**

Accountholder _____ Account # _____

Signature _____ Expiration Date _____ Amount: _____

Please return this form and fees by **September 14** to:
NORTH CAROLINA BANKERS ASSOCIATION
P. O. BOX 19999, RALEIGH, NC 27619-9916 / PHONE: 800/662-7044
FAX: 919/881-9909 (Credit Card Orders Only)

****Contact our Meetings Department if you don't receive an emailed confirmation of your registration.****