



Maryland Bankers Association

CONSUMER EDUCATION ACTIVITY REPORT

Please Print Clearly

PRESENTER _____ COUNTY _____

TITLE _____ PHONE NUMBER _____

INSTITUTION _____

MAILING ADDRESS _____

JOINT PRESENTER _____
(File only ONE Activity Report – both presenters will receive credit)

IS THIS YOUR FIRST PRESENTATION? _____ YES _____ NO

ARE YOU A MARYLAND BANKING SCHOOL STUDENT? _____ NO _____ YES CLASS OF _____

DATE OF PRESENTATION _____

AUDIENCE: _____ ADULTS _____ STUDENTS GRADE LEVEL(S) _____

SCHOOL NAME _____ CITY _____

TEACHER'S/LEADER'S NAME _____ SUBJECT _____

NUMBER OF PRESENTATIONS GIVEN _____ TOTAL SIZE OF AUDIENCE _____

SETTING (check one)

_____ Classroom _____ School Assembly _____ Career Day/Fair _____ Tour _____ Meeting

_____ Other: _____

DID YOU CREATE MATERIAL YOURSELF OR USE MATERIALS THAT WERE ALREADY PREPARED?

IF YOU DID USE PREPARED MATERIALS, WHAT IS YOUR SOURCE/RESOURCE (i.e. Intranet, ABA, FDIC, etc.)

PLEASE RETURN THIS FORM TO:

CINDY GENTILCORE
MARYLAND BANKERS ASSOCIATION
186 DUKE OF GLOUCESTER STREET
ANNAPOLIS, MD 21401
FAX: 410-269-1874

****GIVE YOUR BANK'S CRA OFFICER A COPY.**