



Maryland Bankers Association

Consumer Education Activity Report

Please Print Clearly

Presenter: _____ County: _____

Title: _____ Phone #: _____

Institution: _____

Mailing Address: _____

Joint Presenter: _____

(File only ONE Activity Report — both presenters will receive credit)

Is this your first presentation? NO YES

Are you currently a Maryland Banking School Student? NO YES Class of _____

Date of Presentation: ____/____/____ Audience: Adults Students/Grade Level _____

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 the materials 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:

Alison Tavik
Maryland Bankers Association
186 Duke of Gloucester St.
Annapolis, MD 21401
410-269-1874 (fax)

