LODGING
A block of rooms has been reserved at the Cedar Rapids Marriott at a rate of $132 per night. This room block is available by calling 800-396-2153 and asking for the “IBA Lending School Room Block”. The cutoff date for this block is September 27, 2020.

TUITION AND REGISTRATION
The student fee of $695 includes registration, instruction classroom materials and meals. Lodging is not included. A $20 cancellation fee will be charged on all cancellations prior to October 2, 2020, no refunds after that date.

Enrollment limit: 30.

TOPICS INCLUDE:
Case Study: A comprehensive case study intended to draw all the elements of the curriculum together in a practical exercise
- Structure of the Typical Business
- Loan Structuring and Investigation
- Cash Flow and Introduction to Ratios
- Ratio Calculation and Trend Analysis
- Introduction to Collections and Bankruptcies
- Starting a Business and Lending to Start-Ups
- Dynamics of Commercial Lending
- Commercial Lending Laws
- Business Financial Statements
- Lending Decisions
- Documentation
- Government Programs

WHO SHOULD ATTEND
Bankers who are relatively new to commercial lending and want to develop strong lending skills, branch managers, retail lenders, credit analysts, support staff, cash management or any employees who want to learn more about commercial lending.

TIME AND LOCATION
October 19-21, 2020
Marriott Cedar Rapids
1200 Collins Road NE
Cedar Rapids, IA 52402
800-396-2153
www.marriott.com/CIDMC

SCHOOL REQUIREMENTS
In addition to a pre-test and post-test, each student’s performance will be evaluated through classroom and case study group work. Participants will be expected to attend all classes and correctly answer 75% of the questions on the final exam in order to successfully complete the program.

ADMISSION REQUIREMENTS
All potential students should be familiar with a basic financial statement and have one year of bank experience.

CURRICULUM
Curriculum is designed to provide bankers with a basic understanding of the principles and concepts of commercial lending.

QUESTIONS
Contact IBA’s Jill Manternach at 800-532-1423 ext. 4375 or jmanternach@iowabankers.com
APPLICATION FORM

Name ____________________________ Bank Name ____________________________

Preferred Name ____________________ Your Title ____________________________

Business Phone ____________________ Street Address _______________________

Cell Phone _________________________ City ______________________________ State _____ Zip __________

Last 4 digits of your social security number __________ E-mail __________________________

Emergency Contact Name ____________________ Emergency Contact # ______________

Please indicate if you require any special accommodations, such as handicap accessibility, or have special dietary needs: ____________________________________________________________

Years Bank Experience ___________ Years Lending Experience ___________ Size of Bank Assets __________

Specific areas of the bank you have worked and length of time in each: __________________________________________________________

Current job responsibilities __________________________________________________________

Education background (please be specific and list degrees achieved, area of study, etc): __________________________________________________________

Please list education experience related to understanding financial statements (college courses, AIB courses, etc): __________________________________________________________

Other relevant educational experience: ____________________________________________

________________________________________________________________________

In applying for admission to this school, I understand that I will be expected to attend all classes, to prepare assigned work, and to abide in all respects by the standards established by the school. I understand that the school advisory board reserves the right to expel any student whose conduct is unprofessional while attending the school. I also understand my signature allows the IBA to release my completion status to my employer.

Applicant’s Signature ____________________________ Date ______________

The submission of this application has been approved by the bank. (To be signed by the president, CEO, department head, personnel officer or other executive authorized by the bank.)

Nominating Officer’s Signature ____________________________ Date ______________

Nominating Officer’s Name (please print) ____________________________ Title ____________________________

Return application and payment by October 2, 2020 to:

ATTN: Registrar, Iowa Bankers Association, PO Box 6200, Johnston, IA 50131-6200

Registration in Iowa Bankers Association (IBA) events and activities constitutes an agreement by the attendee to the IBA’s use and distribution, both current and future, of the attendee’s image or voice in photographs, videotapes, electronic reproductions and audiotapes of such events and activities. Please check iowabankers.com for more details.