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MINNESOTA CHAPTER

Commercial Lending Academy

Week of January 25th at Sunrise Banks (8:30am - 4:00pm)

APPLICATION (Page 1 of 3)

(Return completed 3-page application to RMAmn@outlook.com or fax to 612-284-1023 by January 11.)

Participant Information *(please answer all questions completely)*

Name: **Email:**

Institution: **Business #:**

Address City State Zip

Title/Position: **Cell #:**

Education (Check highest level of education): ○ High School ○ College ○ Graduate School

Years in Commercial Lending: **Years in Commercial Credit:**

(Note: One year's experience in credit or commercial roles is recommended.)

Food Allergies:

GRADUATION REQUIREMENTS:

☐ **COMMITMENT:** Check here to confirm your commitment to attend all five days of the 2026 Commercial Lending Academy and complete all assignments and daily surveys on a timely basis to graduate.

☐ **DAILY SURVEYS:** Check here to confirm your commitment to completing surveys each day before you leave.

☐ **POST SURVEY:** Check here to confirm your commitment to completing the post feedback survey electronically sent 30 days after CLA has ended.

Email daily surveys to this address:

Nominating Officer / Manager

Name: **Email:**

Title/Position: **Phone #:**

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Happy Hour: Wednesday, January 27 at a TBD location near Sunrise Banks

At this time, do you plan to attend this happy hour? ☐ Yes ☐ No

Graduation Ceremony: March TBD (11am - 1:15pm) at Minneapolis Club

At this time, do you plan to attend the graduation ceremony? ☐ Yes ☐ No

Miscellaneous Questions (please answer all questions completely)

List of any internal or external lending-related training courses you have attended:

Please provide the title and a short description of your current position:

Your Expectations - What do you want to learn or accomplish during the Commercial Lending Academy?

Manager's Expectations - What do you want your employee to learn or accomplish at the Commercial Lending Academy?

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PAYMENT INFORMATION (Page 3 of 3)

(Return completed application to RMAmn@outlook.com or fax to 612-284-1023 by January 11)

Participant's Name:

Institution:

CLA TUITION:

☐ **Early Bird CLA Registration for valid applications received prior to December 7th, 2026**

- MN Chapter Affiliate Rate: $1,395 | Non-Affiliate Rate: $1,495

☐ **Standard CLA Registration for applications received after December 7th (Deadline: 1/22/2027*)**

- MN Chapter Affiliate Rate: $1,495 | Non-Affiliate Rate: $1,595

**A $50 late entry fee will be charged for applications received after January 11th.*

Payment Type:

☐ **Check** (Mail check to RMA MN Chapter - PO Box 270924 / Golden Valley, MN 55427) ***OR…***

☐ **Charge Tuition Fee to:** ○ Amex ○ Discover ○ MasterCard ○ Visa

A 3.7% service charge will be added to the tuition amount. Email us if you would like a call to share this information.

Name on Account

Card #

Expiration Date

Billing Zip:

Security Code

APPLICATION REVIEW: All applications undergo a review process. Once your application and tuition payment are received, the CLA Committee will inform applicants of their admission status within five business days.

CANCELLATION POLICY: Email RMAmn@Outlook.com prior to January 11 and tuition will be refunded in full. *NOTE: If paid by credit card, the reimbursement will exclude any processing fees incurred.* Cancellations received after Jan 11 (and no-shows) will not be refunded. Any student substitutions are subject to the application review and approval process.

QUESTIONS?

RMA-ProSight Minnesota Chapter

Jackson Bauer, CLA Chair at JBauer@Bell.Bank

Brenda Ryan, Chapter Administrator: RMAmn@Outlook.com | Fax: 612-284-1023
PO Box 270924 / Golden Valley, MN 55427