



Attendee Registration Form

Register on-line at www.cbofm.org

PRICING INFORMATION			
Convention		Directors' College	
CBM Member	\$595.00	When attending with convention	\$190.00
CBM Member – 3 attendees or more	\$550.00	Directors' College Only – First Attendee	\$250.00
CBM Member – 5 attendees or more	\$475.00	Directors' College Only – Each Additional Attendee	\$210.00
Former CBM Member Retiree	\$125.00	CANCELLATION POLICY	
Non-Member	\$995.00	Cancellations must be received by August 10, 2018 for 100% refund. No refunds are provided for cancellations or absences which occur after this date. Substitutions are welcome at any time.	
Spouse/Guest	\$300.00	ROOM RESERVATIONS	
Activities (Space is limited – register soon!)		Grand Traverse Resort room reservations can be secured at www.grandtraverseresort.com . Click on "Book Here" and enter group code CBM2018.	
Golf Outing – 9 Holes on Wolverine Course – and lunch	\$95.00		
Cookout Lunch – only (Thursday Afternoon)	\$30.00		
Wine & Distillery Tour – includes cookout lunch	\$85.00		
Trap Shoot – includes cookout lunch			
Banker	\$0.00		
Associate Member	\$55.00		
Alcoholic beverages prohibited prior to and during shooting activities			

REGISTRATION INFORMATION

Bank/company _____

Address/city/state/zip _____

Primary contact name _____

Email _____ Phone _____

Please provide name(s) for convention attendees as it should appear on name badge and check all appropriate boxes.

Attendee 1: _____ \$ _____ reg fee(s)
 Directors' College Golf Outing Cookout Lunch Only Wine & Distillery Tour Spouse/Guest Trap Shoot

Attendee 2: _____ \$ _____ reg fee(s)
 Directors' College Golf Outing Cookout Lunch Only Wine & Distillery Tour Spouse/Guest Trap Shoot

Attendee 3: _____ \$ _____ reg fee(s)
 Directors' College Golf Outing Cookout Lunch Only Wine & Distillery Tour Spouse/Guest Trap Shoot

Attendee 4: _____ \$ _____ reg fee(s)
 Directors' College Golf Outing Cookout Lunch Only Wine & Distillery Tour Spouse/Guest Trap Shoot

\$ _____ Total due

TO REGISTER

By mail: Community Bankers of Michigan, 3505 Coolidge Rd, Suite 200, East Lansing, MI 48823

By fax: 517.336.7833

Please make check payable to "Community Bankers of Michigan" Check # _____ Amount \$ _____

Please invoice me (**CBM members only**)

Credit card: Visa MasterCard Discover Card# _____

Exp. date ____/____/____ 3-digit _____ Signature: _____