



CEO Community Bank Leadership Network

Developed by Community Bankers of Michigan

The Chief Executive Officer (CEO) Community Bank Leadership Network provides a powerful forum for locally owned and operated bank leaders to freely exchange ideas, dissect problems, discuss critical issues and share best practices with peers.

Benefits of the Leadership Network extend beyond face-to-face meetings. They form strategic alliances that will foster ongoing and valuable interaction throughout the year.

Session highlights

- Discuss current industry challenges with peers
- Learn about profitable products and services from other community bankers
- Discuss with peers what works and what doesn't
- Improve profitability through higher performance
- Discover cost-cutting concepts
- Solve your most pressing problems
- Obtain access to highly respected industry experts
- Increase your understanding of regulatory developments

How does the Leadership Network function?

The Leadership Network meets two times annually. Meetings are hosted from 9 a.m. to 3 p.m. at the CBM Training Center in East Lansing.

Network members are asked to submit topics for discussion two weeks prior to the meeting.

CBM provides a banking industry specialist to facilitate each meeting.

Consultants and others with a variety of specialized expertise are invited to address the group. This expertise can cost thousands of dollars if paid for on a real time or individual basis.

2017 CEO Community Bank Leadership Network Registration Form

2017 Chief Executive Officers first meeting date:

Friday – November 3, 2017

9:00 a.m. to 3:00 p.m.

CBM Training Center

3505 Coolidge Road, Suite 200, East Lansing, MI

Four Easy Ways to Register

Mail: Community Bankers of Michigan, 3505 Coolidge Road, Suite 200, East Lansing, MI 48823

Phone: 517-336-4430 **Fax:** 517-336-7833 **Online:** www.cbofm.org; Education/Training

Registration Fee: \$95 per member bank representative

Please complete and return the requested information below to CBM:

Bank Name: _____ City/Zip: _____

Address: _____

Phone: _____ Fax _____

Name _____ E-Mail Address _____

Credit Card Information – Please complete all detail below:

Visa ___ MasterCard ___ Discover ___

Card Holder Name _____

Credit Card Number _____ Expiration Date _____

3-Digit Security _____

Please make check payable to CBM: Check # _____ Amount _____

Please bill me



One Mission. Community Banks.