



Associate Member Registration Form

2020 Annual Convention and Expo

Grand Traverse Resort & Spa, Traverse City

September 22 – 24, 2020

Register online at www.cbofm.org

PRICING INFORMATION

(Applies to in-person and virtual attendees unless otherwise noted)

Convention		Activities <i>(Space is Limited – Register Soon)</i>	
CBM Exhibiting Associate Member – First attendee	Included	Golf Outing – 9 Holes on Wolverine Course – and lunch	\$105.00
CBM Associate Member – First attendee	\$595.00	Cookout Lunch – only	\$30.00
CBM Associate Member – 2nd attendee	\$495.00	Trap Shoot – includes cookout lunch* Banker Associate Member *Alcoholic beverages prohibited prior to and during shooting activities	Banker \$0.00 Associate Member \$75.00
CBM Associate Member – 3rd attendee or more	\$275.00		
CBM Associate Member – 3rd attendee or more	\$175.00		
(VIRTUAL ONLY)			
Non-Member	\$995.00		
Spouse/Guest	\$250.00		

CANCELLATION POLICY

Cancellations must be received by August 24, 2020 for 100% refund. No refunds are provided for cancellations or absences which occur after this date. Substitutions are welcome at any time.

ROOM RESERVATIONS

Grand Traverse Resort room reservations can be secured at www.grandtraverseresort.com. Click on “Book Here” and enter group code CBM2020.

REGISTRATION INFORMATION

Company: _____ Primary Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

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

Attendee 1: _____ Email: _____ \$ _____ reg fee(s)

Golf Cookout Only Spouse/Guest Trap Shoot

Attendee 2: _____ Email: _____ \$ _____ reg fee(s)

Golf Cookout Only Spouse/Guest Trap Shoot

Attendee 3: _____ Email: _____ \$ _____ reg fee(s)

Golf Cookout Only Spouse/Guest Trap Shoot

Attendee 4: _____ Email: _____ \$ _____ reg fee(s)

Golf Cookout Only Spouse/Guest Trap Shoot

\$ _____ Total Due

PAYMENT OPTIONS

By mail: Community Bankers of Michigan, 830 W. Lake Lansing Road, Suite 250, East Lansing, MI 48823

By fax: 517-336-7833

By phone: 517-336-4430

Credit card:

Name on Card

Credit Card Number

Visa MC Discover AmEx

Exp Date

Sec Code

Signature

Check Payable to “Community Bankers of Michigan” Enclosed Please invoice me **(CBM members only)**