



**Attendee Registration Form**  
 2024 Annual Convention and Expo  
 Grand Traverse Resort & Spa, Traverse City  
 September 11 – 13, 2024



Register online at [www.cbofm.org](http://www.cbofm.org)

**PRICING INFORMATION**

Convention	
CBM Member	\$650.00
CBM Member – 5 attendees or more	\$575.00
Former CBM Member Retiree	\$175.00
Non-Member	\$1200.00
Spouse/Guest	\$300.00

Activities – Lunch Included <i>(Space is Limited – Register Soon)</i>	
Golf Outing – 9 Holes on Wolverine Course	\$120.00
Michigan Wine & Spirit Tasting Experience	\$95.00
Trap Shoot *	
Banker	\$0.00
Associate Member	\$95.00

\*Alcoholic beverages prohibited prior to and during shooting activities

Directors' College	
When attending with convention	\$200.00
Directors' College Only – First Attendee	\$250.00
Directors' College Only – Each Additional Attendee	\$225.00

**ROOM RESERVATIONS**  
 Grand Traverse Resort room reservations can be secured by calling 800-968-7352 and giving the reservation agent group code CBM2024.

**CANCELLATION POLICY:** Cancellations must be received by August 30, 2024 for 100% refund. No refunds are provided for cancellations or absences which occur after this date. Substitutions are welcome at any time.

Bank/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  Spouse/Guest  Tasting Experience  Trap Shoot  Directors' College

Attendee 2: \_\_\_\_\_ Email: \_\_\_\_\_ \$ \_\_\_\_\_ reg fee(s)  
 Golf  Spouse/Guest  Tasting Experience  Trap Shoot  Directors' College

Attendee 3: \_\_\_\_\_ Email: \_\_\_\_\_ \$ \_\_\_\_\_ reg fee(s)  
 Golf  Spouse/Guest  Tasting Experience  Trap Shoot  Directors' College

Attendee 4: \_\_\_\_\_ Email: \_\_\_\_\_ \$ \_\_\_\_\_ reg fee(s)  
 Golf  Spouse/Guest  Tasting Experience  Trap Shoot  Directors' College

\$ \_\_\_\_\_ **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

**Email:** [info@cbofm.org](mailto:info@cbofm.org)

**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)**