

## **Attendee Registration Form**

2025 Annual Convention and Expo

Grand Traverse Resort & Spa, Traverse City September 10 – 12, 2025



Register online at 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					

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

Activities – Lunch Included (Space is Limited – Register Soon)	
Golf Outing – 9 Holes on Wolverine Course	\$120.00
Winery Tour SOLD OUT	<del>\$100.00</del>
Brewery Tour	\$100.00
Trap Shoot * Banker Associate Member *Alcoholic beverages prohibited prior to and during shooting activities	\$0.00 \$100.00

## **ROOM RESERVATIONS**

Grand Traverse Resort room reservations can be secured by calling 231-534-6001 and giving the reservation agent group code CBM2025.

**CANCELLATION POLICY:** Cancellations must be received by August 27, 2025 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:				Zip:	
Phone:			Email:					
Please pro	ovide name(s) for co	nvention attende	es as it should appe	ar on name badge	and check all	appropriate	e boxes	i <b>.</b>
Attendee 1:			Email:				\$	reg fee(s)
Spouse/Guest	Directors' College	- Winery Tour	Brewery Tour	Trap Shoot	Golf			
Attendee 2:			Email:				\$	reg fee(s)
Spouse/Guest	Directors' College	- Winery Tour	Brewery Tour	Trap Shoot	Golf			
Attendee 3:			Email:				\$	reg fee(s)
Spouse/Guest	☐ Directors' College	── Winery Tour	Brewery Tour	Trap Shoot	Golf			
Attendee 4:			Email:				\$	reg fee(s)
Spouse/Guest	Directors' College		Brewery Tour	Trap Shoot	Golf		-	
			DAVAGNIT ODT	ONG		\$		Total Due
			PAYMENT OPT					
By mail: Communi						3823		
<b>By fax:</b> 517-336-78	333 <b>By p</b>	hone: 517-336-4	1430 <b>Em</b>	<b>ail:</b> info@cbofm.	org			
Credit card:								
Name on Card			Cre	dit Card Number	•			
		□ Visa □ MC □ Discover □ AMEX						
Exp Date Sec 0	Code Signatur	e						
	_							
☐ Check Payable t	o "Community Bai	nkers of Michiga	n" Enclosed 🔲 P	lease invoice me	(CBM meml	pers only)		