



AMB CONVENTION,  
 October 25-29, 2017  
 Shanty Creek Resort, Bellaire, MI

AMB USE ONLY	
Amount	_____
Postmarked	_____
Check #	_____

Member # \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

Is this your first convention? Yes  No

**IMPORTANT:** Before completing this form, please read the registration policies in the convention selection booklet. Failure to follow the instructions may result in a delay in processing your registration.

If available, I would like additional classes besides the up to 14 hours included in my registration fee. Additional class fees are charged at the rate of \$5 per hour for each hour over 14. **Please do not send additional fees at this time.**

I will volunteer to help as needed.

Registration Summary – Send the following:

- This completed and signed registration form. (Be sure to keep a copy for your records.)
- A check made payable to “AMB” for the total amount due below

\$ \_\_\_\_\_ \$85.00 Registration Fee (Fee includes: Teaching Fee & Mileage, Meeting Space/Set Up Costs, Special Events/Programs, Audio/Visual Equipment, Publicity, Selection & On-Site Booklets, Registration/Nametags, Workshop-Printing/Postage, Decorations & Miscellaneous expenses.)

\$ \_\_\_\_\_ \$10.00 Late Fee – If postmarked after 6/15/2017

\$ \_\_\_\_\_ TOTAL AMOUNT ENCLOSED

Information for lunches on Wednesday, Thursday, Friday and Saturday will be included with your class assignment letter.

BEFORE JUNE 15 SEND **completed form and check payable to “AMB”** to:  
 Linda Good, 10571 Cedar Road, Cedar, MI 49621

AFTER JUNE 15 – **completed form and check payable to “AMB”** to  
 Leslie Spurrier, 3208 Giddings SE, Grand Rapids, MI 49508

I understand that a refund, minus a \$25.00 processing fee, may be obtained until September 5, 2017 upon written notice of cancellation and that no refunds will be issued after that date. I understand that I cannot change classes once they are assigned. I also understand that listing very few preferences decreases the likelihood that I will be placed in any classes. If I choose to remain on the waiting list after September 5, 2017, I acknowledge that I forfeit any possible refund.

	Hours	Day	Class #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Signature \_\_\_\_\_ Date: \_\_\_\_\_

- Registration Questions Contact: Linda Good.....231.590.4982.....goodbasket3@gmail.com  
 Workshop Questions Contact: Leslie Spurrier.....616.452.3069.....jlspurrier@comcast.net  
 All other Questions Contact: Andrea Herman.....231.920.9194.....aherman02@yahoo.com  
 Sue Lawrence.....231.409.5581.....suesbaskets@gmail.com

**COMPLETED FORM  
 AND CHECK DUE BY  
 JUNE 15**