



AMB CONVENTION,
 October 23-27, 2019
 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 more than 14 hours of classes (no extra hour fees).
- 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

\$ _____ \$65.00 Registration Fee (Fee includes: 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 6/15/2019

\$ _____ TOTAL AMOUNT ENCLOSED

Information for lunch on Thursday 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
 Juanita Elkins 1309 Goodrich Street, Lansing, MI 48910-1240

I understand that a refund, minus a \$25.00 processing fee, may be obtained until September 5, 2019 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, 2019, 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: Juanita Elkins..... 517.388.0041.....elkins@ameritech.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**