



AMB USE ONLY  
Amount \_\_\_\_\_  
Postmarked \_\_\_\_\_  
Check # \_\_\_\_\_

AMB CONVENTION  
October 15-19, 2025  
Blue Water Convention Center, Port Huron, MI

**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.

Member # \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Is this your first convention? Yes ☐ No ☐

- ☐ If available, I would like more than **24 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

\$ \_\_\_\_\_ \$75.00 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 6/15/2025

\$ \_\_\_\_\_ 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 S. Cedar Rd, Cedar MI 49621

**AFTER JUNE 15** SEND completed form and check payable to “AMB” to

Sue Hanna, 1112 E. Mosel Ave, Kalamazoo, MI 49004

I understand that a refund, minus a \$25.00 processing fee, may be obtained until **September 5, 2025** 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.

	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: Sue Hanna.....296-352-4489.....basketlady28@yahoo.com  
All other Questions Contact: Sue Lawrence.....231-409-5581.....suesbaskets@gmail.com  
Christie Trout.....810-874-1939.....seetrout@live.com

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