

Registration Form

Name: _____

Company: _____

Title: _____

ABC Chapter: Greater Michigan Chapter Southeastern Michigan Chapter
 Western Michigan Chapter Non-member Other ABC Chapter _____

Email Address: _____ Phone: _____

Spouse/Guest: _____

Please complete the form to register for the summit. If you would like to register more than one member please email Maureen at meetings@abcmi.com.

Registration Rates

	Early Bird (by 9/6/21)	Regular Rate (after 9/6/21)
FULL CONFERENCE REGISTRATION		
ABC Member	\$350	\$450
Nonmember	\$600	\$700
ENTERTAINMENT & EVENTS		
ABC Member Spouse/Guest	\$150	\$150
Nonmember Spouse/Guest	\$300	\$300
Guest Age 17 & Under	\$75	\$75
GRAND HOTEL LUNCHEON		
Spouse/Guest	\$45	\$45
Age 17 & under	\$25	\$25

FULL CONFERENCE REGISTRATION INCLUDES:

- Education sessions
- All breakfast, reception, and dinner events
- Grand Hotel Luncheon Thursday
- Ferry transportation

ENTERTAINMENT & EVENTS INCLUDES:

- All breakfast, reception, and dinner events
- Ferry transportation

Payment Information

Payment Type: Check (enclosed) Credit Card

Total: _____

Name on Credit Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Zip Code: _____

Return to completed form to ABC of Michigan at
email: meetings@abcmi.com
fax: 517.853.2546