

Form for IAAF Associates convention registration and dues payment, please mail immediately

This information will be also be used for your business listing in the IAAF Directory.

Associate/Business Name: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Website: _____ Email Address: _____

*2025 Dues @ \$75

\$

*Trade Show Booth @\$125 by 12/15/2024. After 12/15/2024 --\$150.

\$

*Sat. Breakfast tickets @ \$20 ea.--Advance Sale only ____ # Tickets desired X \$20

\$

*Registration: \$25/person by 12/15/24..After 12/15/24 \$50/person

*Sponsorship-see attached form

\$

****Total Enclosed**

\$

Names for Registration-please place additional names on another sheet or the back of this

1

4

2

5

3

6

Please return to:

IAAF

Terri Quinn - Assistant Secretary

15824 N 1650th St

Chrisman, IL 61924

Email: iaafsecretary@gmail.com

Method of Payment

Return by November 15, 2024 to assure
any room assignments

Check: ___ Money Order: ___ Visa: ___ Master Card: ___ Discover: ___

Name on Card: _____ Signature: _____

Billing Address for card _____

Billing ZIP Code _____

Credit Card Number _____

Expiration Date: _____ CVV2/CVC Code _____ on back of card