

2025 IAAF convention registration and dues payment, please return immediately

Contact Person

Fair: _____ For all IAAF mailings: _____

Address: _____ Town: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____ Fax: _____

Website: _____ Email Address: _____

Dues-- please see attached letter

***Sat. Breakfast tickets @ \$20 ea.**

Advance sale Only _____ # of tickets desired X \$20 = \$ _____

***Registration: \$25 per person**

Please list names for badges below _____ # of registrations X \$25 = \$ _____

****Total Enclosed**

Total \$ _____

Names for Registration--Please place additional names on a separate sheet.

1

5

2

6

3

7

4

8

Return to:

IAAF

Terri Quinn - Assistant Secretary

15824 N 1650th St

Chrisman, IL 61924

Email: iaafsecretary@gmail.com

Method of Payment

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

Name on Card: _____ Signature: _____ Billing ZIP Code _____

Billing address for card _____

Credit Card Number _____ Expiration Date: _____ CVV2/CVC Code (on back of card) _____