

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/person until 12/15/2024\$50/person after 12/15/2024		
Please list names for badges below		
# of registrations X \$25 or \$50 =		
\$		
**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) _____