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:**_____

***2026 Dues @ $75**	$
***Trade Show Booth @$150 by 12/1/2025. After 12/1/2025 --$250. Deadline is Jan 9th**	$
***Sat. Breakfast tickets @ $20 ea.--Advance Sale only ___ # Tickets desired X $20**	$
Registration: $25 per 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

Return by November 20, 2025 to assure any room assignments

Method of Payment

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