

2024 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		
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		
Charlyn Fargo Ware Sec.-Treas.		
71 West Fairview Ln		
Springfield, IL 62711		
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) _____		