

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:** _____

***2024 Dues @ \$75**

***Trade Show Booth @\$125 by 11/1/23. After 11/1/23 --\$150.** \$

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

***Registration @ \$25/person- Please list names below.** _____ **# of Badges desired X \$25**

***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

Charlyn Fargo Ware -IAAF

71 W. Fairview Lane

Springfield, IL 62711

**Return by November 15, 2023 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**