

International Association of Operative Millers

2026 Registration Form



First Name: _____ Last Name: _____

Name on Badge: _____ Title: _____

Company _____ Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Phone: _____ Email: _____

Check all that apply: Member Non-member Exhibitor Speaker Yes! I'd like to join IAOM

How many times have you attended the IAOM Annual Conference? (please check one):

This is my first IAOM ACE I have attended 1-3 IAOM ACE's I have attended 4+ IAOM ACE's

Will you be attending the **Wednesday IMEF & Keynote Speaker Breakfast**? Yes No

Will you be attending the **Thursday Annual Meeting & Safety Award Breakfast**? Yes No

Registration Fees

<u>FULL CONFERENCE</u>	<u>Before 3/10/26</u>	<u>After 3/10/26</u>	<u># Tickets</u>	<u>TOTAL DUE</u>
IAOM Member	\$675	\$750	_____	\$ _____
Non-Member	\$750	\$825	_____	\$ _____
<u>SINGLE-DAY REGISTRATION (limit 1)</u>				
Wednesday IAOM Member / Non-Member	\$225 / \$275	\$275 / \$325	_____	\$ _____
Thursday IAOM Member / Non-Member	\$200 / \$250	\$250 / \$300	_____	\$ _____

I am in the IAOM Ohio Valley District

Optional Events

Women in Milling Networking Lunch (Wed., April 15)	\$0	\$0	_____	\$ _____
Banquet & Awards Ceremony	\$125	\$135	_____	\$ _____
Entrée Choices (indicate #) <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Fish				
Golf Tournament (Friday, April 17)	\$150		_____	\$ _____
Includes Lunch and drinks				
Spouse/Guest Program	\$300		_____	\$ _____
Spouse First Name: _____ Last name: _____				

Method of Payment

Total Due: _____

Check - Please mail registration form with check (in U.S. funds, drawn on a U.S. bank), made payable to:

IAOM, 12351 W. 96th Terrace, Suite 100, Lenexa, KS 66215, USA

To pay via credit card please log into your account at members.iaom.org or:

Visa Mastercard American Express Discover

Wire Transfer

(Please contact info@iaom.org for payment instructions)

Card Number _____ Expiration Date _____ CVV Code _____

Cardholder's name _____ Signature _____

FEE INFORMATION: Full Conference Registration fees provide registrants entry into conference Educational Sessions, Expo, Product Showcase, IMEF Breakfast, IAOM Annual Meeting/Safety Award Breakfast, Expo lunches, Opening Reception, Allied Trades Event, and the Wednesday afternoon reception in the exhibit hall. (Please note the Banquet/Awards Ceremony, Golf Tournament and Spouse/Guest Program are optional events requiring separate fees.)

SPOUSE/GUEST PROGRAM: Registration fees will provide the spouse/guest entry into all Spouse/Guest activities. Banquet tickets require a separate fee.

REFUNDS/CANCELLATIONS: Cancellations must be submitted in writing. All cancellations are subject to a \$25 non-refundable processing fee and must be post marked prior to March 24, 2025 to be eligible for a refund. Cancellations postmarked after this date WILL NOT be refunded. Please allow 6 weeks to process refunds.

RETURN REGISTRATION FORM TO: IAOM, 12351 W. 96th Terrace, Suite 100, Lenexa, KS 66215, USA

E-mail: info@iaom.org, Phone: 913-338-3377, Fax: 913-338-3553 or register through IAOM's Online Store at: www.iaom.org/annualmeeting