

REGISTRATION

First Name _____ Last Name _____
 Name on Badge _____ Company _____
 Job Title _____
 Address _____
 City _____ State/Province _____ Postal Code _____ Country _____
 Phone _____ Fax _____ Email _____
 Check all that apply: Member Non-member Exhibitor Speaker YES! I'd like to join IAOM
 Will you be staying at the Renaissance Atlanta Waverly Hotel? No, I'm not interested in joining IAOM at this time

REGISTRATION FEES

CONFERENCE REGISTRATION	BY 3/6/18	AFTER 3/6/18	# TICKETS	TOTAL COST
IAOM Member	\$550	\$625		\$
Non-Member	\$625	\$700		\$
OPTIONAL EVENTS				
Spouse/Guest Program	\$195	\$220		\$
Spouse	First Name _____	Last Name _____		
IMEF Breakfast (Wednesday)	<input type="checkbox"/> will attend	<input type="checkbox"/> will not attend		
Annual Meeting Breakfast (Thursday)	<input type="checkbox"/> will attend	<input type="checkbox"/> will not attend		
IAOM Annual Banquet & Awards Ceremony	\$85	\$95		\$
Entrée choices (indicate #): _____beef _____chicken _____fish _____vegetarian				
Golf Tournament	\$90	\$100		\$
Please indicate handicap or 18-hole average _____				
SINGLE-DAY REGISTRATION (LIMIT 1)				
Member	\$150	\$200		\$
Non-Member	\$200	\$250		\$
	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday		
<input type="checkbox"/> I am in IAOM's Southeastern District.				
			TOTAL	\$

METHOD OF PAYMENT

Payment information: Mail pre-registration form with check or money order (in U.S. funds, drawn on a U.S. bank), made payable to: IAOM, 12351 W. 96th Terrace, Suite 100, Lenexa, KS 66215, USA, or mail or fax a completed form indicating an American Express, Discover, MasterCard or Visa charge card.

Check enclosed American Express Discover MasterCard Visa

Card No. _____ Expiration date _____
 Name as it appears on card _____ Signature _____

SEE INFORMATION: 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 IAOM Annual Banquet and 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. All tickets will be included in the Registration Packet. (Please note the optional events.)

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 9 to be eligible for a refund. Cancellations postmarked after this date WILL NOT be refunded. Please allow six weeks to process refunds.

RETURN REGISTRATION FORM TO: IAOM, 12351 W. 96th Terrace, Suite 100, Lenexa, KS 66215, USA,
 Phone: 913-338-3377, Fax: 913-338-3553 or register through IAOM's Online Store at: www.iaom.info