



Annual Conference Paper Registration Form

Oct 24th/25th

Please refer to online info for more details on meals



Registration

Contact Name: _____ Phone #: _____

Address: _____

City: _____ State: _____

Email: _____ Zip Code: _____

Names of any additional attendees on this form: _____

Please choose your registration types

	Price	Quantity	Totals
Member Registration	\$90	_____	_____
Non Member Registration	\$120	_____	_____
Youth registration (17 and under)	Free	_____	_____
College Student (please note university) _____	\$20	_____	_____
1 day pass (please note which day) _____	\$75	_____	_____

Meal Options (see the website conference page for meal descriptions)

Friday Queen Lunch \$24 Chicken# _____ Club Croissant# _____ Vegetarian# _____

Saturday Youth Lunch \$24 Wrap# _____ Club Croissant# _____ Vegetarian# _____

Banquet Options \$50 Pork Loin # _____ \$45 Vegetarian # _____

\$50 Salmon # _____ \$48 Chicken # _____ \$21 Kids Meal # _____

Payment Details

Non-refundable after October 10th

Grand Total _____

Payment method: Check Cash Credit/Debit Card

Credit card number: _____ Exp: _____ Ccv: _____

Name on card: _____

I authorized the credit card to be charged the total amount listed on this registration.

Signature

**Mail to: Lisa Montgomery
2543 170th st
Livermore, ia 50558
Checks payable to IHPA**