



IHPA ANNUAL CONFERENCE

Oct 25th/26th
date

Registration

Contact Name: _____ Phone #: _____
 Address: _____
 City: _____ State: _____
 Email: _____ Zip Code: _____

Please choose your registration types

| | Price | Quantity | Totals |
|--|-------|----------|--------|
| 1 free Registration with vendor space | Free | _____ | _____ |
| 2 free registrations with \$600 sponsorship | Free | _____ | _____ |
| 2 free registrations with \$1,000 & \$2,000 sponsorship with 2 free lunches to the queen or youth program. | Free | _____ | _____ |
| 4 free registrations with \$4,000 sponsorship with 4 free banquet dinners | Free | _____ | _____ |

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

Based on your Vendor Sponsor perks, please pick the appropriate free or charged options you desire concerning meals.

Free perk options:

Friday Queen Lunch Main Vegetarian Free _____

Saturday Youth Lunch Main Vegetarian Free _____

Banquet Options Pork Loin # _____ Vegetarian # _____
 Halibut # _____ Kids Meal # _____

Charged extra options:

Friday Queen Lunch Main Vegetarian \$18 _____

Saturday Youth Lunch Main Vegetarian \$18 _____

Banquet Options \$34 Pork Loin # _____ \$34 Vegetarian # _____
 \$44 Halibut # _____ \$18 Kids Meal # _____

Payment Details

Non-refundable after October 11th **Grand Total** _____
 Mailed registrations need to be postmarked by Oct 15th.

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.

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

 Signature