## ASSOCIATION OF IOWA FAIRS <br> 2023 CONFERENCE \& ANNUAL MEETING - DECEMBER 8-10 <br> AIRPORT HOLIDAY INN, DES MOINES, IOWA <br> ADVANCE REGISTRATION FORM for MEMBER FAIRS FORM \& RELATED FEES DUE AT AIF OFFICE BY NOVEMBER 1, 2023

It is expected that all persons attending Conference must register and wear a badge during the Conference. This includes all family members, friends \& guests.

Meal tickets will not be sold at Conference due to guarantee timeline at hotel. No refunds.

| NAME of ATTENDEES <br> Please print clearly! <br> Check Appropriation Box for Function Person is Attending <br> ** Place 'check mark' in box for first time attendees. |  |  |  |  |  |  | $\begin{aligned} & \sqrt[n]{2} \\ & \frac{1}{6} \\ & 0 \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
| For additional names use table on the back of this form Total from | Side ... |  |  |  |  |  | \$ 0 |
| Make check payable to ..."Association of lowa Fairs" <br> OVER | OTAL |  |  |  |  |  | \$0 |


| Name \& Location of Fair |  |  |
| ---: | :--- | :--- |
| Contact Person |  | Main Phone \# |
| Mailing Address |  |  |

Badges and tickets are to be picked up at the Conference registration desk. Return this form (first class mail only) and fees to Association of lowa Fairs, 242 8th Avenue West, Cresco, IA 52136 by November 1.
---- Add Additional Names to this Table ----

| NAME of ATTENDEES <br> Please print clearly! <br> Check Appropriation Box for Function Person is Attending <br> ** Place 'check mark' in box for first time attendees. |  |  |  |  |  |  | n |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
|  |  |  |  |  |  |  | \$ 0 |
| Subtotal for This Side (transfer to front side) |  |  |  |  |  |  | \$ 0 |

