

# ASSOCIATION OF IOWA FAIRS

2026 CONFERENCE & ANNUAL MEETING - DECEMBER 11 - 13

AIRPORT HOLIDAY INN, DES MOINES, IOWA

## ADVANCE REGISTRATION FORM for MEMBER FAIRS FORM & RELATED FEES DUE AT AIF OFFICE BY NOVEMBER 1, 2026

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.*

| <b>NAME of ATTENDEES</b><br><br><i>Please print clearly!</i><br><br>Check Appropriation Box for Function Person is Attending<br><br>** Place 'check mark' in box for first time attendees. | <b>** Check if person is first time attendee</b> | <b>Registration \$50 before Conference \$75 at Conference</b> | <b>Awards Banquet \$35 each</b> | <b>Saturday Noon Lunch \$20 each</b> | <b>Social A' Fair \$20 each</b> | <b>Fairman' s Breakfast \$20 each</b> | <b>TOTAL \$\$\$</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------|---------------------------------|--------------------------------------|---------------------------------|---------------------------------------|---------------------|
|                                                                                                                                                                                            |                                                  |                                                               |                                 |                                      |                                 |                                       | \$                  |
|                                                                                                                                                                                            |                                                  |                                                               |                                 |                                      |                                 |                                       | \$                  |
|                                                                                                                                                                                            |                                                  |                                                               |                                 |                                      |                                 |                                       | \$                  |
|                                                                                                                                                                                            |                                                  |                                                               |                                 |                                      |                                 |                                       | \$                  |
|                                                                                                                                                                                            |                                                  |                                                               |                                 |                                      |                                 |                                       | \$                  |
|                                                                                                                                                                                            |                                                  |                                                               |                                 |                                      |                                 |                                       | \$                  |
|                                                                                                                                                                                            |                                                  |                                                               |                                 |                                      |                                 |                                       | \$                  |
|                                                                                                                                                                                            |                                                  |                                                               |                                 |                                      |                                 |                                       | \$                  |
|                                                                                                                                                                                            |                                                  |                                                               |                                 |                                      |                                 |                                       | \$                  |
|                                                                                                                                                                                            |                                                  |                                                               |                                 |                                      |                                 |                                       | \$                  |
|                                                                                                                                                                                            |                                                  |                                                               |                                 |                                      |                                 |                                       | \$                  |
|                                                                                                                                                                                            |                                                  |                                                               |                                 |                                      |                                 |                                       | \$                  |
| <i>For additional names use table on the back of this form</i>                                                                                                                             |                                                  |                                                               |                                 |                                      |                                 |                                       | \$                  |
| Total from Other Side ...                                                                                                                                                                  |                                                  |                                                               |                                 |                                      |                                 |                                       | \$                  |
| Make check payable to ... "Association of Iowa Fairs"                                                                                                                                      |                                                  |                                                               |                                 |                                      |                                 |                                       | \$                  |
| <b>OVERALL TOTAL</b>                                                                                                                                                                       |                                                  |                                                               |                                 |                                      |                                 |                                       | \$                  |

|                         |  |                |  |
|-------------------------|--|----------------|--|
| Name & Location of Fair |  |                |  |
| Contact Person          |  | Main Phone #   |  |
| Mailing Address         |  | City State Zip |  |

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 Iowa Fairs, 242 8th Avenue West, Cresco, IA 52136 by November 1.*

---- Add Additional Names to this Table ----

[illegible]