

Registration Form

Market you are representing

Your Name

1. _____

Mailing Address _____

City _____ Zip _____

Phone _____ Email _____

Name

2. _____

Mailing Address _____

City _____ Zip _____

Phone _____ Email _____

Name

3. _____

Mailing Address _____

City _____ Zip _____

Phone _____ Email _____

Please use another paper for additional registrations.

Number of people attending: _____

@ \$30 each = \$ _____

Any registration after Jan. 23, 2012 = \$40 per registrant.

Total amount enclosed = \$ _____

Make check payable to IFMA and mail to:

Barb Ristau
3 1st Ave. NW
Hampton, IA 50441

Office use only:

Date Received _____

Payment _____

