

Jacksonville



International Brotherhood of Magicians Annual Convention Registration Jacksonville, Florida, USA July 15 – 18, 2015

Please check here if this is your first I.B.M. Convention.

REGISTRANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State/ Province	ZIP	
Phone	E-mail Address		
Country	I.B.M. Member # <small>(If Applicable)</small>	Ring # <small>(If Applicable)</small>	

IF YOU WOULD LIKE TO BECOME AN I.B.M. MEMBER, PLEASE PROVIDE THE FOLLOWING INFORMATION.	
Professional Name	Birth date
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Occupation
Business Phone	Cell Phone
Your status in magic (check one) <input type="checkbox"/> Professional, <input type="checkbox"/> Part-Time Pro, <input type="checkbox"/> Amateur, <input type="checkbox"/> Assistant, <input type="checkbox"/> Collector, <input type="checkbox"/> Dealer, <input type="checkbox"/> Spouse, <input type="checkbox"/> Other	
Please give a brief history of your interest in magic: _____ _____ _____	
<small>By submitting this signed application, with payment, I am agreeing to the I.B.M. I.B.M. Pledge which is as follows: I hereby pledge that I will abide by the Constitution and By-Laws of the International Brotherhood of Magicians and of any affiliated Rings of which I may become a member and any and all amendments thereto as well as its Convention mandates. I further pledge that I shall never violate any part of "THE CODE OF ETHICS" of the International Brotherhood of Magicians. I also pledge not to expose the modus operandi of any magical effect. Upon my honor, I pledge to the above and attest that all statements made by me in this application are true.</small>	
Signature	Date

OTHER REGISTRATIONS SUBMITTED ON THIS FORM

NAME	NAME TO BE PRINTED ON BADGE
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

For show seating proposes, if you are registering with another person not on this form and wish to be seated with them please enter the name of that person here _____. They must be registering at the same time as you or you will be seated together on the date of the last person registered. All seating is in the order of registration.

If you have special seating needs, please indicate the type of seating needed here _____.

REGISTRATION TYPE	*JULY 5, 2014 THRU JULY 8, 2014	JULY 9, 2014 THRU FEB 29, 2015	MAR. 1, 2015 THRU JULY 15, 2015	QTY	TOTAL FEE
I.B.M. MEMBER	\$275	\$300	\$325		
NON-I.B.M. MEMBER (INCLUDES 1 Yr MEMBERSHIP)***	\$350	\$375	\$400		
SPOUSE	\$275	\$300	\$325		
YOUTH I.B.M. MEMBER **	\$175	\$200	\$225		
YOUTH NON-I.B.M. MEMBER ** (INCLUDES 1 Yr MEMBERSHIP)***	\$230	\$255	\$280		
YOUTH 6 & UNDER	FREE	FREE	FREE		
SPECIAL EVENTS - EXTRA CHARGE					
GRAND BANQUET & CABARET SHOW	\$65	\$65	\$75		
ORDER OF MERLIN BREAKFAST	\$30	\$30	\$30		
ADDITIONAL ADULT TICKET FOR THURSDAY EVENING SHOW	\$25	\$25	\$25		
ADDITIONAL CHILD TICKET FOR THURSDAY EVENING SHOW (12 & UNDER)	\$15	\$15	\$15		
ADDITIONAL ADULT TICKET FOR FRIDAY EVENING SHOW	\$25	\$25	\$25		
ADDITIONAL CHILD TICKET FOR FRIDAY EVENING SHOW (12 & UNDER)	\$15	\$15	\$15		
ADDITIONAL ADULT TICKET FOR SATURDAY EVENING SHOW	\$25	\$25	\$25		
ADDITIONAL CHILD TICKET FOR SATURDAY EVENING SHOW (12 & UNDER)	\$15	\$15	\$15		
	TOTAL REGISTRATION FEE***				

* -Price only available for pre-registrations received at the St. Louis convention 2014.
 ** - Must be in conjunction with a paid **Adult** registration.
 *** -Membership fees are not refundable after 48 hours from date of receipt.
A \$10 Administration Fee will be charged for ALL cancellations prior to December 1, 2014.
A Cancellation fee of \$25 will be applied to all cancellations after November 30, 2014.
 Complete refund/cancellation policy can be found at www.magician.org/portal/en/node/819

If you want to make a deposit of \$50 per person and pay the remainder by OCTOBER 1, 2014 check this box.

Check if you need to be sent information and/or forms for: Dealer Booth Contest Entry Souvenir Program Ad

Payment Method

If paying by **Check**, please make it out to **International Brotherhood of Magicians**. Return with this completed form to: International Brotherhood of Magicians, 13 Point West Blvd, St Charles, MO 63301.

Check one	Check	Visa	MasterCard	American Express	FULL PAYMENT TOTALS
NAME ON CREDIT CARD				TOTAL REGISTRATION FEE	
CREDIT CARD NUMBER					
EXP. DATE				TOTAL AMT TO BE PAID	
SECURITY CODE					
I authorize that the International Brotherhood of Magicians bill my account for the total amount specified.					
SIGNATURE	DATE				