

IIADA ANNUAL MEETING – Dealer Registration Form

Saturday, April 27, 2019

Price Creek Event Center

4709 - 220th Trail

Amana, Iowa

Please fill out the information requested and return to:

IIADA
P.O. Box 337
Panora, Iowa 50216

Phone: 641-755-4177
Fax: 641-755-3247
E-mail iiada@netins.net

Member IIADA ----- \$55.00 Name: _____
Spouse ----- \$55.00 Name: _____
Employee ----- \$55.00 Name: _____
Employee ----- \$55.00 Name: _____

Above fees are for attendance at annual meeting and include lunch, breaks, social hour, and the Saturday evening banquet. If you have any special dietary needs, please let us know.

If you would like to bring a guest for just a portion of the meeting, please let us know and we will try to accommodate you. Please provide your guests name.

Scholarship students will be honored at the banquet on Saturday night and will be the guest of IIADA (no charge). **Scholarship parents/guests who plan to attend the banquet only will be notified about fees involved (if only attending the Scholarship Banquet and reception).**

Company Name: _____
Contact Person: _____
Address _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____

Total Submitted to IIADA \$ _____ Check Number _____

PLEASE SEND INVOICE TO US: _____ Make a check mark and return