

**International Brotherhood of Magicians
Annual Convention Registration
Grand Rapids, Michigan, U.S.A.
July 4 – 7, 2018**



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

REGISTRANT INFORMATION			
Last Name:	First:	M.I.	Date:
Street:			Apt./Unit #
City:	State/ Province:		ZIP:
Phone:	Email Address:		
Country:	I.B.M. Member # (If Applicable):	Ring # (If Applicable):	

NON-MEMBER	
If you would like to become an I.B.M. Member, Please provide the following information:	
Professional Name (If Applicable):	Date of Birth:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Occupation:
Your Status in Magic (check one): 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 <input type="checkbox"/>	
Please give a brief history of your interest in magic: _____ _____ _____	
<i>By submitting this signed application, I am agreeing to the I.B.M. Pledge which is as follows: I hereby pledge that I will abide by the Constitution and Bylaws 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 the 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. I understand that my membership includes the digital Linking Ring only.</i>	
Signature: _____	Date: _____

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 purposes, 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 in the order of 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: _____.

I am 13 to 19 years old, and would like to attend the LANCE BURTON TEEN SEMINAR July 3-4, 2018

Check if you need to be sent information and/or forms for: DEALER BOOTH CONTEST ENTRY SOUVENIR PROGRAM AD

REGISTRATION TYPE	July 4 th – 31 st , 2017 (Early Bird)	August 1 st , 2017 – February 28 th , 2018	March 1 st – July 4 th , 2018	QTY	TOTAL FEE
I.B.M. Member	\$230	\$280	\$305		
Non-I.B.M. Member (Includes 1 Year Membership***)	\$305	\$355	\$380		
Spouse	\$210	\$260	\$285		
Youth I.B.M. Member (17 & Under)**	\$150	\$175	\$200		
Youth Non-I.B.M. Member** (Includes 1 Year Membership***)	\$205	\$230	\$255		
Parents (Non-Magician) – Must Accompany YOUTH	\$150	\$150	\$150		
SPECIAL EVENTS – EXTRA CHARGE					
Grand Banquet & Cabaret Show (Friday Night)	\$65	\$70	\$70		
Order of Merlin Breakfast* (Saturday morning)	\$30	\$35	\$35		
Extra ADULT Ticket for THURSDAY Evening Show	\$25	\$25	\$25		
Extra CHILD Ticket for THURSDAY Evening Show (12 & Under)	\$15	\$15	\$15		
Extra ADULT Ticket for FRIDAY Evening Show	\$25	\$25	\$25		
Extra CHILD Ticket for FRIDAY Evening Show (12 & Under)	\$15	\$15	\$15		
Extra ADULT Ticket for SATURDAY Evening Show	\$25	\$25	\$25		
Extra CHILD Ticket for SATURDAY Evening Show (12 & Under)	\$15	\$15	\$15		
				TOTAL REGISTRATION FEE	

*- Must be a Merlin Member to attend

** - Youth 17 & Under. Must be in conjunction with a paid ADULT registration.

***- Membership fees are not refundable after 48 hours from date of receipt.

A \$10 Administrative Fee will be charged for ALL cancellations prior to December 1st, 2017.

A \$25 Cancellation Fee will be applied to all cancellations after November 30th, 2017.

Complete refund/cancellation policy can be found at: www.magician.org/convention/cancellation-policy

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 <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/>		Full Payment Totals	
NAME ON CREDIT CARD:			
CREDIT CARD NUMBER:		Total Registration Fee To be Paid \$	
EXPIRATION DATE: / /	CVV Security Code:		
I authorize the International Brotherhood of Magicians to bill my account for the total amount specified.			
Signature:		Date:	