

**International Brotherhood of Magicians  
Annual Convention Registration  
Talking Stick Resort  
Scottsdale, Arizona USA  
July 10-13, 2019**



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

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

NON-MEMBERS	
<b>IF YOU WOULD LIKE TO BECOME AN I.B.M. MEMBER, PLEASE PROVIDE THE FOLLOWING INFORMATION.</b>	
Professional Name _____	Birth Date _____
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Occupation _____
Business Phone _____	Cell Phone _____
Your status in Magic (Check One) ( ) Professional, ( ) Part-Time Pro, ( ) Amateur, ( ) Assistant, ( ) Collector, ( ) Dealer, ( ) Spouse, ( ) Other	
Please give a brief history of your interest in magic _____	
<p>By submitting this signed application, with payment, 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 that I may become a member in 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 two International Brotherhood of Magicians. I also pledged not to expose the modus operandi of any magical effects. Up on my honor, I pledge in the above in a test that all statements made by me in this application of our true.</p>	
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	AUG 26, 2018 THRU FEB 28, 2019	MAR. 1, 2019 THRU JUN 10, 2019	JUN 11, 2019 THRU JUL 13, 2019	QTY	TOTAL FEE
I.B.M. MEMBER	\$299	\$349	\$399		
NON-I.B.M. MEMBER (INCLUDES 1 Yr MEMBERSHIP***)	\$374	\$429	\$474		
SPOUSE	\$210	\$210	\$210		
YOUTH I.B.M. MEMBER (17 & UNDER)**	\$150	\$150	\$150		
YOUTH NON-I.B.M. MEMBER ** (INCLUDES 1 Yr MEMBERSHIP***)	\$205	\$205	\$205		
PARENTS (NON-MAGICAL) – MUST ACCOMPANY YOUTH	\$150	\$150	\$150		
<b>SPECIAL EVENTS - EXTRA CHARGE</b>					
GRAND BANQUET & CABARET SHOW (FRIDAY NIGHT)	\$70	\$70	\$70		
ORDER OF MERLIN BREAKFAST* (SATURDAY MORNING)	\$35	\$35	\$35		
EXTRA ADULT TICKET FOR THURSDAY EVENING SHOW	\$20	\$20	\$20		
EXTRA CHILD TICKET FOR THURSDAY EVENING SHOW (12 & UNDER)	\$10	\$10	\$10		
EXTRA ADULT TICKET FOR FRIDAY EVENING SHOW	\$20	\$20	\$20		
EXTRA CHILD TICKET FOR FRIDAY EVENING SHOW (12 & UNDER)	\$10	\$10	\$10		
EXTRA ADULT TICKET FOR SATURDAY EVENING SHOW	\$20	\$20	\$20		
EXTRA CHILD TICKET FOR SATURDAY EVENING SHOW (12 & UNDER)	\$10	\$10	\$10		
				<b>TOTAL REGISTRATION FEE</b>	\$

\* - must be a Merlin Member to attend.  
 \*\* - Youth 17 and under, must be in conjunction with a paid **Adult** registration.  
 \*\*\* -Membership fees are not refundable after 48 hours from date of receipt.  
 A \$10 Admin Fee will be charged for ALL cancellations prior to December 1, 2018.  
 A Cancellation fee of \$25 will be applied to all cancellations after November 30, 2018.  
 Complete refund/cancellation policy can be found at [www.magician.org/convention/cancellation-policy](http://www.magician.org/convention/cancellation-policy)

I am 13 to 19 years old and would like to attend the Lance Burton Teen Seminar July 8-10, 2019

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	<b>FULL PAYMENT TOTALS</b>
NAME ON CREDIT CARD					
CREDIT CARD NUMBER					<b>TOTAL REGISTRATION FEE TO BE PAID</b>
EXP. DATE	CVV SECURITY CODE:				
I authorize that the International Brotherhood of Magicians bill my account for the total amount specified.					\$
SIGNATURE			DATE		