

**International Brotherhood of Magicians
Annual Convention Registration
PITTSBURGH PA, USA
JULY 8-11, 2020**



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 # (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	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 _____ _____ _____			
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.			
Signature	Date		

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

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	JAN 13, 2020 THRU FEB 29, 2020	MAR 1, 2020 THRU JULY 7, 2020	JUL 8, 2020 THRU JUL 11, 2020	QTY	TOTAL FEE
I.B.M. MEMBER	\$299	\$329	\$349		
NON-I.B.M. MEMBER (INCLUDES 1 YR MEMBERSHIP***)	\$374	\$404	\$424		
SPOUSE	\$210	\$210	\$210		
YOUTH I.B.M. MEMBER (17 & UNDER)**	Free	Free	Free		
YOUTH NON-I.B.M. MEMBER ** (1 YR MEMBERSHIP***)	\$55	\$55	\$55		
PARENTS (NON-MAGICAL) – MUST ACCOMPANY YOUTH	\$150	\$150	\$150		
SPECIAL EVENTS - EXTRA CHARGE					
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	\$25		
EXTRA CHILD TICKET FOR THURSDAY EVENING SHOW (12 & UNDER)	\$10	\$10	\$25		
EXTRA ADULT TICKET FOR FRIDAY EVENING SHOW	\$20	\$20	\$25		
EXTRA CHILD TICKET FOR FRIDAY EVENING SHOW (12 & UNDER)	\$10	\$10	\$25		
EXTRA ADULT TICKET FOR SATURDAY EVENING SHOW	\$20	\$20	\$25		
EXTRA CHILD TICKET FOR SATURDAY EVENING SHOW (12 & UNDER)	\$10	\$10	\$25		
NOTE: Each registration includes tickets for the three evening shows.	Total \$				

* - 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, 2019.
A Cancellation fee of \$25 will be applied to all cancellations after November 30, 2019.
 Complete refund/cancellation policy can be found at www.magician.org/convention/cancellation-policy

I am 13 to 19 years old and would like to attend the Lance Burton Teen Seminar July 6-7, 2020

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					