



**International Brotherhood of Magicians
Annual Convention Registration
PITTSBURGH PA, USA
JULY 7-10, 2021**

| 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 # <i>(If Applicable)</i> | Ring # <i>(If Applicable)</i> | | |

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: _____ _____ _____ | | | |
| <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 |

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 | JUL 25, 2020 THRU SEP 30, 2020 | OCT 1, 2020 THRU FEB 28, 2021 | MAR 1, 2021 THRU JULY 6, 2021 | JULY 7, 2021 THRU JULY 10, 2021 | QTY | TOTAL FEE |
|---|--------------------------------|-------------------------------|-------------------------------|---------------------------------|-----|-----------|
| I.B.M. MEMBER | \$239 | \$299 | \$329 | \$349 | | |
| NON-I.B.M. MEMBER (INCLUDES 1 YR MEMBERSHIP***) | \$314 | \$374 | \$404 | \$424 | | |
| SPOUSE | \$210 | \$210 | \$210 | \$210 | | |
| YOUTH I.B.M. MEMBER (17 & UNDER)** | Free | Free | Free | Free | | |
| YOUTH NON-I.B.M. MEMBER ** (1 YR MEMBERSHIP***) | \$55 | \$55 | \$55 | \$55 | | |
| PARENTS (NON-MAGICAL) – MUST ACCOMPANY YOUTH | \$150 | \$150 | \$150 | \$150 | | |
| SPECIAL EVENTS - EXTRA CHARGE | | | | | | |
| GRAND BANQUET & CABARET SHOW (FRIDAY NIGHT) | \$70 | \$70 | \$70 | \$70 | | |
| ORDER OF MERLIN BREAKFAST* (SATURDAY MORNING) | \$35 | \$35 | \$35 | \$35 | | |
| EXTRA ADULT TICKET FOR THURSDAY EVENING SHOW | \$20 | \$20 | \$20 | \$25 | | |
| EXTRA CHILD TICKET FOR THURSDAY EVENING SHOW (12 & UNDER) | \$10 | \$10 | \$10 | \$25 | | |
| EXTRA ADULT TICKET FOR FRIDAY EVENING SHOW | \$20 | \$20 | \$20 | \$25 | | |
| EXTRA CHILD TICKET FOR FRIDAY EVENING SHOW (12 & UNDER) | \$10 | \$10 | \$10 | \$25 | | |
| EXTRA ADULT TICKET FOR SATURDAY EVENING SHOW | \$20 | \$20 | \$20 | \$25 | | |
| EXTRA CHILD TICKET FOR SATURDAY EVENING SHOW (12 & UNDER) | \$10 | \$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 Cancellation fee of \$25 will be applied to all cancellations after November 30, 2020. 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 5-6, 2021

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 | | | | |