IDAHO ATHLETIC ADMINISTRATORS ASSOCIATION



27th ANNUAL STATE CONFERENCE April 1- 4, 2017 The Riverside Hotel - Boise, Idaho

REGISTRATION FORM



NAME							
(PRINT) SCHOOL	Last	First					
ADDRESS							
SCHOOL PHONE _	CHOOL PHONE HOME PHONE				(Zip)		
Your E-Mail Addres	s		_				
		thletic Director Needed: (Circle your s					
Dual member of IA	AA/NIAAA)		new NIAAA	member	a _renewal (¡	past mei	mber)
I will participate in t	the golf tournam	nent at Shadow Vall	ey, 1:30 p.m	n. on Sunday	yes		no
\$50.00 is included	for my Golf Fee	s (Must be include	ed to Golf in	tournament)	yes		
\$85.00 is included	for my pre-regis	stration (if received	by March 1	l 0th)	yes		no
\$110.00 for late registration (if received after March 10th)					yes		no
\$40.00 for Retired Athletic Directors					yes		no
I plan on attending	:						
* Monday Luncheon (11:15 a.m. – 12:15 p.m.)					yes		no
* Monday AD of the Year Banquet (5:30 – 7:00 p.m.)					yes		no
* Tuesday Athletic Director's Breakfast (8:15 – 9:00 a.m.)					yes		no no
* Tuesday Commendation Luncheon (12:00 – 2:00 p.m.)					yes		no
		uded in conference	. ,	on fee			
	neals for spouse		e registiati	<u>on ree</u>			
	•	•	Tuosd	av Lunchoon a	at \$25.00		
Monday Banquet at \$35.00 Tuesday Luncheon at \$ \$40.00 for on-site registration for dinner \$30.00 for on-site regist						 or lunch	
\$40.00 IOI	on-site registra	ation for diffier	φ30.00 Ι	or on-site reg	istration it	n iunch	ļ
	Total Fee		s Included		\$		
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Hotel Reservation Information

The Riverside Hotel

(208)343-1871

Ask for: Idaho Athletic Administrators Association group rates (\$89 single or \$99 double) rates include breakfast