



International Boxing Federation
OFFICE OF THE PRESIDENT
 899 Mountain Ave., Suite 2E
 Springfield, NJ 07081
 Phone: 973-564-8046 ~ Fax: 973-564-8751
www.ibf-usba-boxing.com

2024 PROMOTER REGISTRATION FORM

It is my understanding that membership will be granted in accordance with the by-laws of the IBF. I further understand that as a member I will be recognized and granted the courtesy of the floor at annual conventions, and will be entitled to vote in accordance with the by-laws.

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|-----------------------------------|------------|--------------------------|------------------------|----------|--------------------------|
| IBF Men's World | \$5,000.00 | <input type="checkbox"/> | IBF Continental Africa | \$300.00 | <input type="checkbox"/> |
| IBF Eliminator | \$5,000.00 | <input type="checkbox"/> | IBF Europe | \$500.00 | <input type="checkbox"/> |
| IBF Men's Intercontinental | \$1,500.00 | <input type="checkbox"/> | IBF Grand Caribbean | \$300.00 | <input type="checkbox"/> |
| USBA | \$500.00 | <input type="checkbox"/> | IBF International | \$500.00 | <input type="checkbox"/> |
| USBA Regional | \$300.00 | <input type="checkbox"/> | IBF Latino | \$300.00 | <input type="checkbox"/> |
| IBF Africa/Mid. East/Persian Gulf | \$300.00 | <input type="checkbox"/> | IBF Mediterranean | \$300.00 | <input type="checkbox"/> |
| IBF Asia | \$300.00 | <input type="checkbox"/> | IBF North American | \$500.00 | <input type="checkbox"/> |
| IBF Asia-Oceania | \$300.00 | <input type="checkbox"/> | IBF Pan Pacific | \$300.00 | <input type="checkbox"/> |
| IBF Australasia | \$300.00 | <input type="checkbox"/> | IBF Youth | \$300.00 | <input type="checkbox"/> |
| IBF Baltic | \$300.00 | <input type="checkbox"/> | | | |

PLEASE DO NOT TEAR

Promoter registrations are for calendar year, from January 1 through December 31.

Make check payable to IBF and return application to

Jeanette Salazar, IBF, 899 Mountain Ave., Suite 2E, Springfield, NJ 07081.

You may also submit your application and payment online at www.ibf-usba-boxing.com.

****PLEASE PRINT CLEARLY****

| | | | |
|-----------------------------|--|------------------|-----------|
| Name: | | Date: | |
| Address: | | | |
| | | | |
| City/State/Province: | | | Zip Code: |
| Country: | | Telephone: (Day) | |
| Telephone: (Evening/Mobile) | | E-mail: | |

PLEASE CONTACT JEANETTE SALAZAR WITH ANY QUESTIONS AT JSALAZAR@IBFBOXING.COM