



40th Annual Convention

Caesar's Atlantic City
Atlantic City, New Jersey

June 1 – June 5, 2025

Registration Form

*Please Register by May 3

NAME: _____

ADDRESS: _____

CITY/STATE/COUNTRY: _____

TELEPHONE: _____ E-MAIL: _____

OTHERS ATTENDING :

_____ / _____

_____ / _____

DATE OF ARRIVAL: _____

REGISTRATION FEE \$225.00 USD:

Total attendees _____ Total Registration Fees: _____

No charge for children under 12** Registration packets should be picked up during registration hours.

ACTIVITIES - Please list below how many will be attending each activity.

Sunday, 6/1 – Welcome Cocktail: _____

Monday, 6/2 – Meet the Champs Cocktail: _____

Tuesday, 6/3 – General Session: _____ Tuesday, 6/3 – Referees Seminar _____

Wednesday, 6/4 – Medical Seminar: _____ Wednesday, 6/4 – Judges Seminar _____

Wednesday, 6/4 – Cocktail Hour & Awards Dinner:

Please choose meal: Beef _____ Fish _____ Chicken _____ Vegetarian _____

Thursday, 6/5 – General Session _____

SARB Raffle 1 – \$5: _____ 5 – \$20 _____ (please indicate how many entries you are purchasing)

Please make checks and money orders payable to the IBF and send with this completed form to:
IBF, 899 Mountain Ave., Suite 2E, Springfield, NJ 07081, Attn: Jeanette Salazar