

**25th Annual
IAABO Life Membership Ceremony
Saturday, September 14, 2024
Crowne Plaza: Albany - The Desmond Hotel**

No. of registrant(s) _____ @ \$50/person = _____

Name of Registrant(s) _____

Board No. _____

Send check and form to: IAABO, P.O. Box 355, Carlisle, PA 17013-0355
Make check payable to: IAABO, Registration Deadline: August 30, 2024