



International Festivals & Events Association

2014 New Membership Application

Please send application and payment to:
Membership Department • IFEA World Headquarters
2603 W. Eastover Terrace • Boise, ID 83706 • USA
Phone: 208-433-0950 ext. 1 • Fax: 208-433-9812



Join the IFEA in September 2014 and Receive a \$100 Discount Off the IFEA's 59th Annual Convention & Expo Valid Sept 1 to Sept 28, 2014 (Discount not Applicable to Student Memberships.) See www.ifea.com / Membership / Membership Specials for more details.

MEMBER #	UNIQUE #
<input type="text"/>	<input type="text"/>

1. MAIN MEMBER CONTACT INFORMATION

Organizational Membership - Name of Event/Company: _____

Individual or Main Member Contact: Mr. Ms. Mrs _____

Title: _____

Mailing Address: _____

City, State/Province, Zip Code: _____ Country: _____

Phone: _____ E-mail: _____

Fax: _____ Website: _____

How did you hear about the IFEA? (advertisements, etc.) _____

Who recruited you to the IFEA? (Name) _____ (Org.) _____

With respect to interactions with members/customers or those applying to be members/customers, the IFEA will not cause or allow conditions, procedures, or decisions which are unsafe, undignified, unnecessarily intrusive, or which fail to provide appropriate confidentiality or privacy. If you believe that you have not been accorded a reasonable interpretation of your rights under this policy, please contact the IFEA office at 208-433-0950. When you become a member of the IFEA, you agree to follow the **Code of Ethics and Standards** listed on www.ifea.com.

2. MEMBERSHIP DUES INFORMATION*

Organizational Membership Categories	Dues Level
All IFEA memberships (unless otherwise noted) are group memberships and may include as many individuals within your organization (Staff, Board Chairs, Committee Chairs, etc.) as you'd like. Indicate additional members within your organization on the 2nd page of this application. Please refer to the budget categories below for Organizational Memberships. Dues are based on the total gross revenue (income before expenses are paid).	
\$50,000 or less	<input type="radio"/> \$195 (USD)
\$50,001 to \$250,000	<input type="radio"/> \$445 (USD)
\$250,001 to \$1.5 Million	<input type="radio"/> \$745 (USD)
Over \$1.5 Million	<input type="radio"/> \$945 (USD)
Full Time Student Rate <small>(A copy of your current school year registration receipt is required. This rate is not applicable to educational staff/institutions and can not be associated with an organization.) (Student memberships only include one main contact and are not considered group memberships.)</small>	<input type="radio"/> \$25 (USD)

3. PAYMENT INFORMATION

First Year Administration Fee \$ 50 (USD) _____
Waived for Full Time Student Rate

MEMBERSHIP DUES: \$ _____

*A portion of your membership dues goes toward a subscription to IFEA's magazine: "ie" - The Business of International Events.

TOTAL PAYMENT \$ _____

Select method of payment: VISA MasterCard American Express Discover Check (make check payable to IFEA in U.S. funds)

Print Cardholder Name: _____

Signature: _____

Credit Card Number: _____

Expiration Date: _____ CVN Code: _____ (MC/Visa-3 digit code back) (AMX-4 digit code front)

Payment is required in full before your application can be processed. Dues are non-refundable. Please allow 2-3 weeks for your membership application to be processed and membership packet to be mailed.



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3. ADDITIONAL GROUP MEMBERS

Organization: _____ City: _____ State: _____

All IFEA memberships (unless otherwise noted) are group memberships and may include as many individuals within your organization (Staff, Board Chairs, Committee Chairs. etc.) as you'd like. Please list additional members within your organization here.

Member: _____ Phone: _____

Title: _____ E-mail: _____

Member: _____ Phone: _____

Title: _____ E-mail: _____

Member: _____ Phone: _____

Title: _____ E-mail: _____

Member: _____ Phone: _____

Title: _____ E-mail: _____

Member: _____ Phone: _____

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Title: _____ E-mail: _____

Member: _____ Phone: _____

Title: _____ E-mail: _____

Member: _____ Phone: _____

Title: _____ E-mail: _____



HOTEL INFORMATION: The **Westin Crown Center** in Kansas City, Missouri, U.S.A. will serve as the headquarters for the IFEA Annual Convention. **By staying at the IFEA designated hotel, you help us to keep our other convention costs down.** For hotel reservation information, go to: **www.ifea.com** and select the 59th Annual Convention button on the front page for more information. Once registered, you will receive an email confirmation of your paid convention registration.

1. AFFILIATION Please submit one form for each attendee, payment may be combined.

Organization: _____
 Name: _____ Name for Badge: _____
 Position Title: _____ First IFEA Convention Yes No
 Address: _____
 City, State/Province, Zip Code: _____ Country: _____
 Phone: _____ E-mail: _____

• For membership information please contact Beth Petersen at beth@ifea.com or +1-208-433-0950 ext. 816.

2. REGISTRATION FEES IFEA (Please submit all monies in U.S. Dollars only.)

	IFEA Member	Non-Member	
September IFEA Membership Special Rate – 1st Attendee (Valid Sept. 1st - Sept. 28th, 2014)	<input type="radio"/> \$695	<input type="radio"/> \$895	\$ _____
1st Attendee Rate (After September 28th, 2014)	<input type="radio"/> \$795	<input type="radio"/> \$995	\$ _____
2nd, 3rd, 4th Attendee (Same Organization) Qty. _____ x	<input type="radio"/> \$595 each	<input type="radio"/> \$795 each	\$ _____
5th Attendee or More (Same Organization) Qty. _____ x	<input type="radio"/> \$495 each	<input type="radio"/> \$695 each	\$ _____
Full Time Student (Current Class Schedule Required)	<input type="radio"/> \$345 each	<input type="radio"/> \$545 each	\$ _____
Qualified Volunteer (Contact IFEA for Definition)	<input type="radio"/> \$345 each	<input type="radio"/> \$545 each	\$ _____
Spouse/Guest (Social Activities Only)	<input type="radio"/> \$345 each	<input type="radio"/> \$545	\$ _____

REGISTRATION FEES INCLUDE: All Educational Sessions of the main convention, Opening Breakfast Reception, IFEA Pinnacle Awards Presentation, IFEA Hall of Fame Luncheon, Foundation Night Party & Auction, Expo Lunch, Expo Happy Hour, All Coffee Breaks, Hospitality Suite and Convention Program Book.

3. PRE-CONVENTION ADDITIONAL EDUCATION OPPORTUNITIES

(Seminars and speakers subject to change.)

CFEE FastTrack® – September 26th, 27th, 28th: \$500 \$865 \$ _____

FastTrack® Registration Fee Includes All 6 Required Core Curriculum Courses. Days 1, 2, 3 Offered During the 59th Annual Convention & Expo. Days 4, 5, 6 to be Offered During the 60th Annual Convention & Expo. (If completing the second phase of the Convention Fast Track, contact bette@ifea.com)

Individual CFEE Day Registration:

CFEE Seminar Day 1 – Friday, September 26th: \$175 \$335 \$ _____
 Non-Sponsorship Revenue Programs

CFEE Seminar Day 2 – Saturday, September 27th: \$175 \$335 \$ _____
 Project Management

CFEE Seminar Day 3 – Sunday, September 28th: \$175 \$335 \$ _____
 Operations/Risk Management

CFEE (Enrollment Fee) \$200 \$350 \$ _____

If starting the CFEE Program, this fee must be paid in addition to the *FastTrack®* Registration Fee.

Final CFEE (Certification Fee) \$250 \$350 \$ _____

If finishing the CFEE Program and graduating at this years convention, this fee must be paid. (Must be an IFEA Member to Graduate.)

4. IFEA 59th ANNUAL CONVENTION & EXPO COLLECTORS LAPEL PIN

Purchase your IFEA 59th Annual Convention Collectors Lapel Pin Qty. _____ x \$10 \$10 \$ _____

By purchasing a pin you will be entered into the '50/50 Raffle' drawing at the IFEA Foundation Night Party & Auction.

TOTAL amount enclosed: \$ _____

5. PAYMENT: All fees are payable in U.S. Funds. Your registration form CANNOT be processed until payment is received. To ensure that you are pre-registered for the 59th IFEA Annual Conference & Expo, return your signed registration form with full payment by Monday, September 15th, 2014. After that, please call Bette Monteith to make sure your registration has been received at +1-208-433-0950 ext: *812.

Select method of payment: VISA MasterCard American Express Discover Check (make check payable to IFEA)

Print Cardholder Name: _____

Signature: _____

Credit Card Number: _____

Expiration Date: _____ CVN Code: _____ (MC/Visa-3 digit code back) (AMX-4 digit code front)

6. CANCELLATION POLICY: There will be a cancellation fee of \$150 through Monday, September 1st, 2014. After that date, we regret that cancellations cannot be accepted and no refunds will be provided. Please contact Bette Monteith for questions or cancellations (bette@ifea.com or call +1-208-433-0950, Ext. *812).