



NON IFEA MEMBER CONVENTION REGISTRATION FORM

Return To: Mail: IFEA 10400 Overland Rd. #356, Boise, ID 83709, U.S.A.
Fax: +1-208-433-9812 • **Phone:** +1-208-433-0950

Payment Form: Please complete this form for all those attending the Convention from the same organization. Please use page 1 to add organization information and page 2 to add all individuals from that organization. Be sure to complete sections 1, 2, 3, (4 optional) and 5.)

1. ORGANIZATION INFORMATION

(Please add complete details for each attendee being registered on the 2nd page. Duplicate page as necessary.)

Organization: _____

Phone: _____ Website: _____

2. ORGANIZATION CATEGORY:

Please indicate which category you/your organization falls into from the list below: (Please check only one).

- Affiliate Chapter
 Association
 Chamber of Commerce
 Consultant
 Convention & Visitors Bureau
 Downtown Association
 Educational Institution
 Event
 Event Facility
 Event Management
 Event Planner
 Fair
 Festival
 Foundation
 Government Entity
 Individual
 Media
 Parks & Recreation
 Student
 Tourism
 Vendor

Budget Category (Please list organization's total gross revenue.):
 Individual/Student
 \$50,000 or Less
 \$50,001 to \$250,000
 \$250,000 to \$750,000
 \$750,001 to \$1.5 Million
 \$1.5 Million to \$3 Million
 Over \$3 Million

3. CONVENTION REGISTRATION FEES:

(Please submit all monies in U.S. Dollars only)

	EARLY BIRD RATE BEFORE: APRIL 30, 2026	REGISTRATION RATE BETWEEN: MAY 1 & SEP. 10, 2026	FINAL REGISTRATION RATE STARTING: SEPTEMBER 11, 2026	
1st Attendee Rate:	\$1095	\$1195	\$1295	\$ _____
2nd, 3rd, 4th Attendee (SAME Organization)	\$995	\$1095	\$1195	x _____ Qty = \$ _____
5th Attendee or More (SAME Organization)	\$895	\$995	\$1095	x _____ Qty = \$ _____
ADDITIONAL REGISTRATION TYPES:				
Full-Time Student (Current Class Schedule Required)	\$745	\$845	\$945	\$ _____
Qualified Volunteer (Contact IFEA for Definition)	\$745	\$845	\$945	\$ _____
Spouse/Guest (Social Activities Only. Does NOT Include educational sessions.)	\$745	\$845	\$945	\$ _____

REGISTRATION FEES INCLUDE: All Educational Sessions during the main convention; All Coffee Breaks at Connections Café; Entrance to the dfest® Hospitality Suite; Entrance to the IFEA Awards Luncheon & Pinnacle Awards Presentation; Entrance to the IFEA Expo in addition to Lunch at the Expo on both days; IFEA Foundation Auction Night Event; IFEA Convention Program Book & Convention Attendee List; Registration does not include CFEE Certification Classes or Expo Exhibitor Registration. Separate registration required for each.

If registering for CFEE Core Classes or an IFEA Expo Booth, please use the separate registration forms found at www.ifea.com.

4. IFEA FOUNDATION DONATION:

The IFEA Foundation, a 501(c)3 organization, works hand-in-hand with the IFEA as its primary partner in raising funds for scholarships, educational programs and more. Donations to the IFEA Foundation may be tax deductible and a donation receipt letter will be sent for your records.

• Donation Amount (USD):

Amount \$25 \$50 \$100 \$250 \$500 Other \$ _____

Promo Code: _____ TOTAL AMOUNT ENCLOSED: \$ _____

5. PAYMENT:

All fees are payable in U.S. Funds. Your registration form CANNOT be processed until payment is received. A processing fee will apply to all credit card transactions. To ensure that you are pre-registered for the IFEA Convention & Expo, return your signed registration form with full payment no later than 25 days prior to the Convention's start. After that, please call Kaye Campbell, CFEE to make sure your registration has been received at +1-208-433-0950 ext: 8150.

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:

Full refunds will be provided for cancellations made prior to 30 days from the Convention's start. A 50% refund will be provided for cancellations made 15-29 days before the Convention's start. After 15 days prior to the Convention's start, there will be no refunds for cancellations. Please contact Kaye Campbell for questions or cancellations (kaye@ifea.com or call +1-208-433-0950, Ext. 8150).

As a not-for-profit 501(C)6 organization, the IFEA reserves the right to refuse or cancel the registration of any individual or organizational attendee, who, at its sole discretion, may represent/display unprofessional, unlawful, unethical, unsafe, or other actions/positions deemed contrary to the best interests of the IFEA and our global industry. Additionally, the IFEA does not discriminate on any basis including race, sex, age, religion, national origin, sexual orientation or disability. For the complete Code of Ethics, visit www.ifea.com.

By registering for and attending the IFEA Convention & Expo, you provide the IFEA express permission to use your name, photo and/or likenesses in any and all promotional and/or advertising materials in any medium, including the internet. Additionally, by registering, providing complete contact information and attending the IFEA Convention, consent is provided from all registrants for the IFEA to send emails to the email address listed on this form for each registrant, in addition to listing the complete name and all contact information for each registrant on this form, on the IFEA Convention Attendee List.



INDIVIDUAL ATTENDEE

INFORMATION FROM SAME ORGANIZATION

ORGANIZATION: _____

1st ATTENDEE Convention Attendee Student Volunteer Guest

Name: _____ Name for Badge: _____

Position Title: _____ First IFEA Convention Yes No

Date of Birth (mm/yyyy): _____ Year Started Employment in Festivals & Events Industry: _____

Ice Breaker: What is one unique fact that people wouldn't know about you? _____

Special Dietary Needs: Vegetarian Vegan Gluten Free

Meal Functions Please indicate which (if any) of the following meal functions you WILL NOT be attending during the Convention. (All meals are included with your registration by default.)

IFEA Awards Luncheon (October 5) IFEA/Haas & Wilkerson Pinnacle Awards Presentation (October 5) IFEA Expo Lunch (October 6)

IFEA Foundation Night Party (October 6) IFEA Expo Lunch (October 7)

Address: _____

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

Phone: _____ Cell Phone: _____

E-mail: _____ Website: _____

2nd ATTENDEE Convention Attendee Student Volunteer Guest

Name: _____ Name for Badge: _____

Position Title: _____ First IFEA Convention Yes No

Date of Birth (mm/yyyy): _____ Year Started Employment in Festivals & Events Industry: _____

Ice Breaker: What is one unique fact that people wouldn't know about you? _____

Special Dietary Needs: Vegetarian Vegan Gluten Free

Meal Functions Please indicate which (if any) of the following meal functions you WILL NOT be attending during the Convention. (All meals are included with your registration by default.)

IFEA Awards Luncheon (October 5) IFEA/Haas & Wilkerson Pinnacle Awards Presentation (October 5) IFEA Expo Lunch (October 6)

IFEA Foundation Night Party (October 6) IFEA Expo Lunch (October 7)

Address: _____

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

Phone: _____ Cell Phone: _____

E-mail: _____ Website: _____

3rd ATTENDEE Convention Attendee Student Volunteer Guest

Name: _____ Name for Badge: _____

Position Title: _____ First IFEA Convention Yes No

Date of Birth (mm/yyyy): _____ Year Started Employment in Festivals & Events Industry: _____

Ice Breaker: What is one unique fact that people wouldn't know about you? _____

Special Dietary Needs: Vegetarian Vegan Gluten Free

Meal Functions Please indicate which (if any) of the following meal functions you WILL NOT be attending during the Convention. (All meals are included with your registration by default.)

IFEA Awards Luncheon (October 5) IFEA/Haas & Wilkerson Pinnacle Awards Presentation (October 5) IFEA Expo Lunch (October 6)

IFEA Foundation Night Party (October 6) IFEA Expo Lunch (October 7)

Address: _____

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

Phone: _____ Cell Phone: _____

E-mail: _____ Website: _____



INDIVIDUAL ATTENDEE

INFORMATION FROM SAME ORGANIZATION

ORGANIZATION: _____

4th ATTENDEE Convention Attendee Student Volunteer Guest

Name: _____ Name for Badge: _____

Position Title: _____ First IFEA Convention Yes No

Date of Birth (mm/yyyy): _____ Year Started Employment in Festivals & Events Industry: _____

Ice Breaker: What is one unique fact that people wouldn't know about you? _____

Special Dietary Needs: Vegetarian Vegan Gluten Free

Meal Functions Please indicate which (if any) of the following meal functions you WILL NOT be attending during the Convention. (All meals are included with your registration by default.)

IFEA Awards Luncheon (October 5) IFEA/Haas & Wilkerson Pinnacle Awards Presentation (October 5) IFEA Expo Lunch (October 6)

IFEA Foundation Night Party (October 6) IFEA Expo Lunch (October 7)

Address: _____

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

Phone: _____ Cell Phone: _____

E-mail: _____ Website: _____

5th ATTENDEE Convention Attendee Student Volunteer Guest

Name: _____ Name for Badge: _____

Position Title: _____ First IFEA Convention Yes No

Date of Birth (mm/yyyy): _____ Year Started Employment in Festivals & Events Industry: _____

Ice Breaker: What is one unique fact that people wouldn't know about you? _____

Special Dietary Needs: Vegetarian Vegan Gluten Free

Meal Functions Please indicate which (if any) of the following meal functions you WILL NOT be attending during the Convention. (All meals are included with your registration by default.)

IFEA Awards Luncheon (October 5) IFEA/Haas & Wilkerson Pinnacle Awards Presentation (October 5) IFEA Expo Lunch (October 6)

IFEA Foundation Night Party (October 6) IFEA Expo Lunch (October 7)

Address: _____

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

Phone: _____ Cell Phone: _____

E-mail: _____ Website: _____

6th ATTENDEE Convention Attendee Student Volunteer Guest

Name: _____ Name for Badge: _____

Position Title: _____ First IFEA Convention Yes No

Date of Birth (mm/yyyy): _____ Year Started Employment in Festivals & Events Industry: _____

Ice Breaker: What is one unique fact that people wouldn't know about you? _____

Special Dietary Needs: Vegetarian Vegan Gluten Free

Meal Functions Please indicate which (if any) of the following meal functions you WILL NOT be attending during the Convention. (All meals are included with your registration by default.)

IFEA Awards Luncheon (October 5) IFEA/Haas & Wilkerson Pinnacle Awards Presentation (October 5) IFEA Expo Lunch (October 6)

IFEA Foundation Night Party (October 6) IFEA Expo Lunch (October 7)

Address: _____

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

Phone: _____ Cell Phone: _____

E-mail: _____ Website: _____



INDIVIDUAL ATTENDEE

INFORMATION FROM SAME ORGANIZATION

ORGANIZATION: _____

7th ATTENDEE Convention Attendee Student Volunteer Guest

Name: _____ Name for Badge: _____

Position Title: _____ First IFEA Convention Yes No

Date of Birth (mm/yyyy): _____ Year Started Employment in Festivals & Events Industry: _____

Ice Breaker: What is one unique fact that people wouldn't know about you? _____

Special Dietary Needs: Vegetarian Vegan Gluten Free

Meal Functions Please indicate which (if any) of the following meal functions you WILL NOT be attending during the Convention. (All meals are included with your registration by default.)

IFEA Awards Luncheon (October 5) IFEA/Haas & Wilkerson Pinnacle Awards Presentation (October 5) IFEA Expo Lunch (October 6)

IFEA Foundation Night Party (October 6) IFEA Expo Lunch (October 7)

Address: _____

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

Phone: _____ Cell Phone: _____

E-mail: _____ Website: _____

8th ATTENDEE Convention Attendee Student Volunteer Guest

Name: _____ Name for Badge: _____

Position Title: _____ First IFEA Convention Yes No

Date of Birth (mm/yyyy): _____ Year Started Employment in Festivals & Events Industry: _____

Ice Breaker: What is one unique fact that people wouldn't know about you? _____

Special Dietary Needs: Vegetarian Vegan Gluten Free

Meal Functions Please indicate which (if any) of the following meal functions you WILL NOT be attending during the Convention. (All meals are included with your registration by default.)

IFEA Awards Luncheon (October 5) IFEA/Haas & Wilkerson Pinnacle Awards Presentation (October 5) IFEA Expo Lunch (October 6)

IFEA Foundation Night Party (October 6) IFEA Expo Lunch (October 7)

Address: _____

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

Phone: _____ Cell Phone: _____

E-mail: _____ Website: _____

9th ATTENDEE Convention Attendee Student Volunteer Guest

Name: _____ Name for Badge: _____

Position Title: _____ First IFEA Convention Yes No

Date of Birth (mm/yyyy): _____ Year Started Employment in Festivals & Events Industry: _____

Ice Breaker: What is one unique fact that people wouldn't know about you? _____

Special Dietary Needs: Vegetarian Vegan Gluten Free

Meal Functions Please indicate which (if any) of the following meal functions you WILL NOT be attending during the Convention. (All meals are included with your registration by default.)

IFEA Awards Luncheon (October 5) IFEA/Haas & Wilkerson Pinnacle Awards Presentation (October 5) IFEA Expo Lunch (October 6)

IFEA Foundation Night Party (October 6) IFEA Expo Lunch (October 7)

Address: _____

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

Phone: _____ Cell Phone: _____

E-mail: _____ Website: _____