

**ROCKY MOUNTAIN ASSOCIATION OF FAIRS**  
**98th ANNUAL CONVENTION**  
**November 13—15, 2024**  
**Best Western Ramkota Hotel**  
**Rapid City, South Dakota**

**RETURN COMPLETED FORM TO:**  
**RMAF**  
**PO BOX 424, BOUNTIFUL, UT 84011**  
**or**  
**rmaf.office@gmail.com**

**DAY REGISTRATIONS**  
*(Includes meals)*  
**WEDNESDAY = \$110.00**  
**THURSDAY = \$110.00**  
**FRIDAY = \$110.00**  
***After October 31—ONSITE ONLY***  
**WEDNESDAY = \$125.00**  
**THURSDAY = \$125.00**  
**FRIDAY = \$125.00**

**FULL REGISTRATION**  
*(Includes meals)*  
**By October 18 = \$275.00**  
**October 19—31 = \$300.00**  
***After October 31 —ONSITE ONLY***  
**\$325.00**

FAIR NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY & ST/PROVINCE / ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

**REFUND POLICY**  
**Before October 18 = Full Refund**  
**October 19 —October 31 = 50%**  
**After October 31 = No Refund**

**THIS FORM IS FOR DELEGATES FROM FAIRS & FESTIVALS ONLY**

NEW ATTENDEE	1 VOTING DELEGATE	UNDER 40	Please choose <u>1</u> voting delegate to represent your organization			FULL REGISTRATION	DAY REGISTRATIONS (Wednesday, Thursday or Friday)
			NAME (As you wish it to appear on name badge)	TITLE <i>As you wish it to appear on name badge</i> (Manager, Fair Board, Guest, etc.)	Email address will only be used to communicate 2024 convention information EMAIL ADDRESS		
			<b><i>Please note any Gluten Free or Vegetarian Meal Preference</i></b>			<b>TOTAL REGISTRATIONS</b>	

**FAIRGROUNDS TOUR & LUNCH**

***PLEASE GIVE US THE # IN YOUR GROUP THAT WILL ATTEND SO WE CAN PLAN FOR TRANSPORATION & LUNCH***

**YES, We plan to attend the Thursday Tour to the Central States Fairgrounds!**

**Number Attending:**

**CONVENTION PAYMENT INFORMATION**

ITEM	QUANTITY	RATE	TOTAL
CONVENTION REGISTRATION—FULL			
DAY REGISTRATIONS - Wed Thur Fri (Circle Days(s))			
<b>TOTAL PAYMENT INCLUDED</b>			

*FOR OFFICE USE ONLY*

RECEIVED \_\_\_\_\_

CHECK \_\_\_\_\_

CREDIT CARD \_\_\_\_\_

*We Accept VISA, MASTERCARD, DISCOVER & AMERICAN EXPRESS*

Check / Money Order \_\_\_\_\_ Payable to RMAF

CREDIT CARD # \_\_\_\_\_

SECURITY CODE \_\_\_\_\_ EXPIRES \_\_\_\_\_

BILLING ZIP /POSTAL CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_