



Registration Form (April 7-11, 2025)

Full name	
Name preferred on name tag	
Academic Rank and Title	
University/Organization affiliation	
E-mail address	
Cell phone # (will NOT be shared)	
Arrival & departure dates	
Hotel/condo name and address	
Special needs and/or accommodations	
Names of guests (and ages of children)	

2025 AIMM Registration Fee **\$ 450** _____
 (includes AIMM meeting, Welcome Reception, 2 dinners, 4 breakfasts, breaks/beverages)

Guest Fees: \$100/person (\$50 for children under 12) **\$** _____
 (includes 2 dinners, 4 breakfasts)

Total Registration Fees Enclosed **\$** _____

Mail completed form and check payable to AIMM to address below. If using overnight mail, please indicate 'no signature required.' **Must be received no later than March 1, 2025.**

Sue Samson Phone: 317-753-6440
 7519 Brackenwood Circle N Email: aimmmeeting@gmail.com
 Indianapolis, IN 46260

Electronic payment can be made via Zelle (www.zellepay.com) to aimmmeeting@gmail.com.
Discounted lift tickets are to be purchased & paid using a separate form and separate transaction

For office use only

check # _____ total amount \$ _____ date rec: _____