



Registration Form (April 7-10, 2026)

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 & break service, Welcome Reception, Awards Dinner, 4 breakfast vouchers)

Guest Fees: \$100/person (\$50 for children under 12) **\$** _____
(includes NASTAR ski race, Awards Dinner)

Total Registration Fees Enclosed **\$** _____

Payment Options (must be received by March 1, 2026)

- Pay electronical via Zelle (www.zellepay.com) to

- Mail completed form to address below. Make check payable to AIMM. If using overnight mail, please indicate 'no signature required.'

Sue Samson
7512 Brook
Phone: 317-753-6440
L. C. I. L. N. Email: sue.samson@lci.org

7519 Brackenwood Circle N Email: aimmmeeting@gmail.com
Indianapolis, IN 46260

Discounted lift tickets must be purchased & paid using a separate form and separate transaction

For office use only

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