

6th Annual—IAABO Life Membership Luncheon
Saturday, April 30, 2005
12 Noon



No. of registrant(s)_____ @ \$20 per person=\$_____
(There is no charge to the Life Member recipient)

Name of Registrant(s)_____

Address of Registrant(s) _____

Board No. _____

Make checks payable to IAABO and mail to: IAABO, 12321 Middlebrook Road, Suite 290, Germantown, MD 20874