

*Spouse/ Guest Breakfast
Saturday, April 21, 2012*

Name: _____

Board Number: _____

Number of Guests: _____

*Note: Each IAABO members is entitled to one guest (spouse/
significant other). Additional guests are invited at a cost of
\$15.00 each.*

*Send check and form to: IAABO, P.O. Box 355, Carlisle, PA 17013-0355
Registration Deadline: April 1, 2012*