

Request for IPMS/USA Regional Convention Supplement

TO: Director of Local Ch	apters, IPMS/USA			
The made to Region #	Regional Conve	chapter request	s payment of a cas	h supplement be
We understand the encourage national memodiscounts to such membe "Regional" per region pe	ers, and also to end	Regional Conve courage junior pa	entions by reimburs articipation. (There	sing registration is only one
We guarantee the (1) Any current IPMS/US a discount on the basic (2) Prominent notice of the (3) Contest junior category.	contest registration his discount will be	r who self-identii fee of at least 25 made at registra	5% or \$2, whicheve	er is larger
We request the sof member registration of society will provide funds member numbers of all lallowed.	s matching the diffe	ceeds \$200, we rence, on preser	e understand that that that that the nation of a list of nation	ne National ames and
Print or type exact name	desired on check, a	nd address wher	e it is to be mailed:	
Print or type name, title a	and IPMS# of chapte	r official making	request and date of	f request:
Signature				
Phone		Email addres	SS	
RETURN this completed	form to:			
IPMS/DLC David Lockhar or (PREFERRED) via ema			96	
Director Local Chapters		D	ate	
Treasurer: Check No	Amount	Date	Treasurer	(initials)