

AIOB 82nd Annual Meeting

October 17-19, 2025

PLEASE SUBMIT THIS WITH YOUR REGISTRATION FORM.

NAME: _____

FOR PURPOSES OF PROVIDING THE HOTEL WITH AN ADVANCED HEAD COUNT FOR MEALS, PLEASE INDICATE BELOW THE MEALS YOU PLAN ON TAKING WITH THE GROUP BY CHECKING THE BOXES BELOW. **ONLY CHECK THE BOXES YOU PLAN ON ATTENDING.** THIS PERTAINS TO ALL ATTENDEES AND THEIR SPOUSE/GUEST(S) WITH PRE-PAID MEAL FEES.

FRIDAY, OCT. 17

- LUNCH - # of people _____
- FRIDAY OPENING DINNER - # of people _____

SATURDAY, OCT. 18

- BREAKFAST - # of people _____
- LUNCH - # of people _____
- DINNER POOLSIDE - # of people _____

SUNDAY, OCT. 19

- BREAKFAST - # of people _____
- LUNCH - # of people _____
- DINNER - # of people _____

Mail registration form to: AIOB – P.O. Box 1338 – Loma Linda, CA 92354