

Zip

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Fax

# EXHIBIT BOOTH APPLICATION

EXHIBITOR DATES: MARCH 13–15, 2024 ORLANDO WORLD CENTER MARRIOTT-FLORIDA

## **BILLING/CORPORATE INFORMATION**

**Company Name** 

Address

City

Phone

Email

Contact Name

Address

City

Phone

<b>EXHIBIT INFORMATION</b>	<b>EXHI</b>	BIT	INFOR	MATION
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Booth assignments are made on a first-come, first-served basis. Booth space is limited. No booth space will be confirmed verbally. Confirmation will be emailed after the applications are accepted and deposits received.

#### Prices listed below increase by \$300 after Jan. 12, 2024.

	10'x10' In-Line	10'x10' End Cap	20'x20'
Corporate Members	\$3,695	\$4,095	\$18,695
Fintech and Professional Services Members	\$4,395	\$4,795	\$20,295
Nonmembers Additional fees paid by nonmembers may be applied towards ICBA membership.	\$5,095	\$5,495	\$22,295

A deposit of \$2,000 per 10'x10' booth or \$10,000 per 20'x20' booth is required within 10 days of receiving this application. Remaining balance is due by Nov. 30, 2023.

### **BOOTH PREFERENCE**

1.	2.	3.	# of booths:
Exhibitors	from whom we	desire booth se	eparation, if possible:

Email (Important Expo information will be sent to this email address.)

Fax

#### PAYMENT

Check Enclosed

**CONTACT INFORMATION** 

#### Pay by ACH

Name: Independent Community Bankers of America

Bank: Minnesota National Bank, Sauk Centre, MN

Routing: 091902065

Account #: 1012475 (checking)

Send Remittance Email to: accountsreceivable@icba.org

We (exhibitor) understand and agree that this application
is an offer which is subject to the absolute right of ICBA to
accept or reject. Upon acceptance of this application, we
(exhibitor) agree to the terms set forth in this ICBA Exposition
Agreement.

Authorized Signature

Title

Date

## SIGN AND RETURN COMPLETED FORM:

» ICBA, Attn: Julie Kulzer, 518 Lincoln Road, Sauk Centre, MN 56378

» Fax: 320-352-5567, Attn: Julie Kulzer

» expo@icba.org

# QUESTIONS?

Contact Julie Kulzer at 320-352-6546 or Julie.Kulzer@icba.org