

Name (as it should appear on	padge)		
Title			
Company			
Address			
City		State	Zip Code
Mailing Address (if not to comp	oany)		
City	State		
 Email			

RETURN
COMPLETED FORM
BY FEBRUARY 14, 2024 TO:

- » ICBA, Attn: Exhibit Registrar, 518 Lincoln Road, Sauk Centre, MN 56378
- » Katie.Gottwald@icba.org
- » expo@icba.org