

# 2018 ICBND EXHIBIT BOOTH APPLICATION

PLEASE COMPLETE BOTH SIDES OF APPLICATION/REGISTRATION

## Billing/Company Information

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

## Contact Information

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

## Exhibit Information

Booth assignments are made on a first-come, first-served basis. Booth space is limited.

### 8' x 10' Booths\*

\$799 per booth/Member

\$1,899 per booth/Non Member

### 16' x 10' Booths\*

\$1,149 per booth/Member

\$2,249 per booth/Non Member

\*One Company per booth

**\$350 deposit is required per 8' x 10' booth and \$525 deposit is required per 16' x 20' booth with application. Remaining balance due by July 20, 2018. Deposit is non-refundable and non-transferable.**

## Payment (may be by check or credit card)

Check (amount)\$ \_\_\_\_\_

Charge my credit card as follows:

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Amt. to be charged \$ \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

## Booth Preference

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Exhibitors from whom we desire booth separation, if possible: \_\_\_\_\_

\_\_\_\_\_

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

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**\*Booth Signage:** ICBND will provide a Company Name booth sign **only if requested:**

\_\_\_\_ Yes, please make a booth sign for us.

\_\_\_\_ No, we do not need a booth sign.

**Please sign and return this form with your deposit/payment to:**

**Nanci Fennern, ICBND, PO Box 6128, Bismarck, ND, 58506**

## EXHIBITOR'S DIRECTORY

### ICBND Convention and Exhibition - Ramkota Hotel & Conference Center, Bismarck, North Dakota

The following information will be used in the Exhibitors Directory, which will be distributed in the registration packets to all delegates during ICBND's convention. For your company to be listed in the Exhibitors Directory, please complete the entire form. **Note: ICBND reserves the right to edit all product/service descriptions. ICBND cannot guarantee that forms received after July 20, 2018 will be included in the Exhibitors Directory. Only one listing per company and per booth number.**

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Name/Title \_\_\_\_\_

Email \_\_\_\_\_ Web Site \_\_\_\_\_

**In 30 words or less, describe your company** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exhibitor hereby designates the products listed above are those which shall be displayed or demonstrated and agrees to notify ICBND in writing of any changes prior to the exposition.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# EXHIBITOR REGISTRATION FORM

PLEASE COMPLETE BOTH SIDES OF APPLICATION/REGISTRATION

First Registrant Name \_\_\_\_\_ Email \_\_\_\_\_

Additional Registrant Name \_\_\_\_\_ Email \_\_\_\_\_

Additional Registrant Name \_\_\_\_\_ Email \_\_\_\_\_

\*If you have additional registrants please complete and attach another registration form.

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>Full Registration Fees</b>			
<i>*Early Bird Rate: Registration received before June 30, 2018</i>			
	<u>Early Bird Rate</u>	<u>Rate</u>	
First Full Registrant	_____ @ \$399	_____ @ \$518	= \$ FREE w/Booth
Each Additional Full Registrant from Same Company	_____ @ \$329	_____ @ \$428	= \$ _____
Booth Attendee Only	_____ @ \$85	_____ @ \$100	= \$ _____
Golf Scramble (submit enclosed golf registration form for each golfer)		_____ @ \$149	= \$ _____

**For a meal count, please mark the number of individuals who will be attending each event:**

**Sunday's** Welcome Reception      **Monday's** Breakfast      **Monday's** Theme Party

**Tuesday's** Annual Prayer Breakfast      **Tuesday's** Business Luncheon      **Tuesday's** Annual Banquet

<b>Partial Registration Fees</b>			
<i>(EACH Company MUST have ONE FULL REGISTRANT before registering partial registrants.)</i>			
	<u>Early Bird Rate</u>	<u>Rate</u>	
<b>Sunday, August 12</b> - This includes Welcoming Reception (Hors d'oeuvres/Beverages) and Opening Exhibit Events	_____ @ \$89	_____ @ \$116	= \$ _____
<b>Monday, August 13</b> - This includes Continental Breakfast, Opening General Session, Exhibit Theme Party (Full Meal/Beverages), and Evening Social (Hors d'oeuvres/Beverages)	_____ @ \$199	_____ @ \$259	= \$ _____
<b>Tuesday, August 14</b> - Annual Prayer Breakfast Meal and Speaker Only	_____ @ \$89	_____ @ \$116	= \$ _____
<b>Tuesday, August 14</b> - This includes Annual Prayer Breakfast (Full Meal/Beverages), Keynote Economist, ICBA Seminar, Business Meeting Luncheon (Meal/Beverages), Closing General Session, Social Hour (Hors d'oeuvres/Beverages), Annual Banquet (Meal/Beverages), Closing Entertainment	_____ @ \$299	_____ @ \$389	= \$ _____
<b>Tuesday, August 14</b> - Annual Banquet Only - This includes Social Hour (Hors d'oeuvres/Beverages), Annual Banquet (Meal/Beverages), and Closing Entertainment	_____ @ \$99	_____ @ \$129	= \$ _____
		<b>Total Due</b>	= \$ _____

**Cancellation Policy:** A full refund less \$25 will be given if notice is received by July 6th, 50% refund through July 20th, no refunds for cancellations after July 21st. Substitutions are allowed. Golf fees are non-refundable.

**Mail to:**  
 ICBND  
 PO Box 6128  
 Bismarck, ND 58506-6128

**For more convention information visit [www.icbnd.com](http://www.icbnd.com)**