

2024 ICBA WINTER CONFERENCE

WITH LEGISLATIVE RECEPTION & DINNER

JANUARY 22 23, 2024 | BOISE CENTRE ON THE GROVE | BOISE, IDAHO

EXHIBITOR OPPORTUNITIES

INCLUDED IN FEE:

One complimentary registration, 6' table and two chairs
Attendee list 3 days prior to event (Name, Title and Company only)
Please indicate here if you need: ☐ **Power** ☐ **Wireless Internet**

BOOTH PLACEMENT:

The IBA will assign booth spaces, making every effort to avoid placement next to a direct competitor. Booth assignments will be provided on site.

PRIZE DRAWINGS:

To encourage delegates to visit every booth, exhibitors are encouraged to have a prize drawing. Exhibitors who wish to award their prize at the end of the conference please coordinate the details with Beny Ward (208) 342-8282 or bward@idahobankers.org *prior to arrival*.

☐ **Yes, we will be presenting the following prize on Tuesday** _____

SET UP:

Monday, January 22, from 4:00-5:30pm

TEAR DOWN:

Tuesday, January 23, from 3:00-5:00pm

EXHIBITOR

Monday, January 22 Setup from 4:00-5:30 pm

SCHEDULE:

***Tuesday, January 23:** Exhibitor Visits during breakfast, morning break, and lunch.

*Exhibitors will be given the opportunity to introduce themselves & draw for prizes at 2:45pm on this day, after the last general session. This IS OPTIONAL, not required.

ACCOMMODATIONS:

Please make hotel reservations by calling **THE GROVE HOTEL** directly at **(208) 489-2222**. The discounted room rate of \$204 per night applies until block is full or **December 29, 2023**. To secure rooms at the discounted rate, be sure to mention the "Idaho Community Bankers Association."

EXHIBITOR FEES & CONFERENCE REGISTRATION: *(Booth fee is non-refundable after December 31, 2023)*

Exhibitor Fee - **\$899** Members/**\$999** Non-Members *(fee includes one (1) booth staff)* \$ _____

Additional Booth Staff - **\$399** Members/**\$499** Non-Members \$ _____

Late Registration - Add **\$100** if registering after January 11, 2024 \$ _____

Total Exhibitor & Registration Fees Enclosed \$ _____

SCAN & EMAIL COMPLETED FORM WITH PAYMENT INFORMATION TO: BWARD@IDAHOBANKERS.ORG

Company: _____

Contact Name: _____ Title: _____

Mailing Address: _____ City/State/Zip: _____

Telephone: _____ Email: _____

Attendee Name (s): _____

PAYMENT INFORMATION:

☐ **Visa/Mastercard/Discover/AmEx**

☐ **Invoice**

☐ **Check enclosed** (payable to ICBA)

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Card Number

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Expiration (Mo/Yr)

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3Digit Code

Name of Cardholder

Billing Address (if different then address above)

Cardholder Signature

QUESTIONS? | Idaho Bankers Association | (208) 342 8282 | bward@idahobankers.org