



2010



IBANYS Annual Convention

August 29-31, 2010 | High Peaks Resort | Lake Placid, New York

Registration Information

Registrant Name: _____

Spouse/additional registrant name: _____

Company: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Contact e-mail: _____

Method of Payment:

Check Enclosed Mastercard Visa Card Number: _____

Exp. Date: _____ Signature cardholder: _____

Registrations (per person)

- Banker/Associate \$495.00
- Spouse/Additional Exhibitor 370.00
- Exhibitor (includes one registration) 795.00
Booth preference: _____
- One-Day Directors Track Only 199.00

Optional Events:

- Sunday:
- Half Day Hike in the High Peaks no fee
 - Golf Tournament - now on Sunday 105.00

Name: _____

Name: _____

Please indicate handicap:
A: 0-9 B: 10-15 C: 16-22 D: 23 & over

- Monday:
- Footrace/Fun Wak no fee
 - Survive Institute - Debbie Garner no fee
 - Skating Party - Olympic Center no fee

Meal Tickets for guest staying outside hotel:

Hotel guests with IBANYS room block are NOT required to purchase tickets. Meals are included in room charge. All guests staying outside IBANYS room block must purchase meal tickets to attend meal functions:

- Sunday Reception/Dinner \$85.00
- Monday Breakfast 20.00
- Monday Lunch 25.00
- Monday Reception/Dinner 85.00
- Tuesday Breakfast 20.00
- Tuesday Lunch 25.00

Cancellation Policy: NO REFUNDS will be made for cancellations after August 10.

Questions? Contact Vicki Miller or Rhonda Van De Wal at 518-436-4646 or email vickim@ibanys.net



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Exhibitor Information

Act now to receive the following benefits:

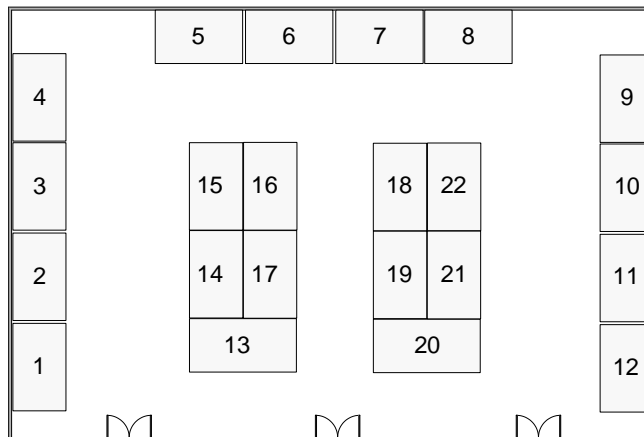
- **NEW THIS YEAR:** Board Member/Exhibitor Cocktail Reception, Monday 6:30 - 7:00 p.m.
- One full registration to the entire conference included in booth fee.
- Complimentary attendee mailing lists before and after the Conference to maximize your marketing efforts.
- Company Listing and Description in the Official Program given out on-site to all attendees. The listing includes company name, address, telephone, fax, email, and Web address.

In addition, by participating in the full Conference, you will:

- Hear from nationally recognized speakers, regulatory personnel and local government leaders.
- Participate in educational sessions conducted by leading topical experts.
- Be able to network in a social atmosphere while enjoying the hospitality of Lake Placid.

We are always interested in special displays and show attractions. If your company has an idea which you feel will add to the show's attraction, please contact us.

Exhibit Kit: A complete Exhibitor Information Kit containing all the necessary policies, procedures and order forms for drayage, electrical service, furniture rental, cleaning, etc., will be mailed to each exhibitor after confirmation of space assignments. Spectrum Associates is the official service contractor for the 2010 show. A service center will be open during the show. **Spectrum Associates | 570-331-2400. Booths are assigned on first-come/first-served basis.**



Exhibitor Move-in
Sunday, August 29
12:00 - 4:00 p.m.

Exhibitor Move-out
Tuesday, August 31
8:00 - 11:00 a.m.



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Sponsorship Information

Contact Name: _____

Name for program book listing: _____

Company: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Contact e-mail: _____

Method of Payment:

Check Enclosed Mastercard Visa Card Number: _____

Exp. Date: _____ Signature cardholder: _____

Festivities:

- Silent Auction Recpt. sponsored by FHLBNY
- Sunday Evening's Reception \$7,500
- Video Production 2,000
- Door Prizes 1,500
- co-sponsorships 750
- Welcome Gift's sponsored by Roosevelt & Cross

Speakers:

- Headline Speaker sponsored by ICBA
- Debbie Gardner - SURVIVE Institute \$1,500

Sporting Events:

- Golf Cart Advertisements \$1,000
- Tournament Awards 2,000
- Golf Highlight Video Production 1,800
- Golf Tournament Refreshments 1,000
- co-sponsorships 500
- Footrace & Fun Walk 1,000
- Golf Balls 1,000
- co-sponsorships 500
- Closest-to-the-Pin Prizes 1,000
- co-sponsorships 500

Exhibits:

- Monday's Exhibit Prize \$1,000
- co-sponsorships 500
- Coffee Breaks co-sponsorships 500

Promotional Materials:

- Program Booklet \$ 500

Sponsors will receive:

- É Collective ad of convention sponsors in convention Program Booklet.
- É Signage during event
- É Recognition at the convention by Association President
- É Recognition in post-convention coverage on website

This conference combines a balance of casual networking time and educational programming. Sponsorships are great platforms to position your company; as a sponsor you associate your company with one of our events and you are able to connect with your target audience, expose your brand, and leverage your advertising dollars in a cost effective manner.

Deadline:

Every effort will be made to provide full recognition for any participation in sponsorship opportunities. However, to assure proper recognition in marketing materials, payment and high resolution logo must be received by August 1, 2010.



INDEPENDENT BANKERS ASSOCIATION of New York State
Sunday, August 29- Tuesday, August 31, 2010

RESERVATION FORM

_____ Mark (X) For arrivals prior to Sunday, August 29 or for attendees staying past Tuesday, August 31, the room rate will be \$165.00. Guests convert to the daily Full American Plan rates below starting with dinner on Sunday, August 29.

Mark (X) on line by rate selection.

DAILY FULL AMERICAN PLAN RATES:

Arrival Date: _____

Departure Date: _____

_____ Single Occupancy- \$276.60

_____ Double Occupancy- \$194.10 per person

Rates include overnight room, dinner on the evening of arrival and breakfast and lunch on the following day, and service charge. Tax is excluded.

- The cut-off date for making reservations is Monday, August 2, 2010. A deposit of \$175.00 per room is required with reservations made by credit card or check. Reservations received after the above date will be subject to availability. Tax exempt forms must accompany the reservation.

- Cancellations must be received by Friday, August 20, 2010 to avoid forfeiture of deposit.

- Final payment arrangements for your stay will be in the form of cash, check or credit card.

- Check-in time is 4:00 p.m. and Checkout time is 11:00 a.m.

Name _____ Roommate _____

Company/Affiliation _____ Email _____

Street _____ City/State/Zip _____

Telephone # _____ Fax # _____

Please submit only ONE form per room

CC# _____

Exp _____

Check \$ _____

I have read and agree with the above reservation policies

X _____

Mail, fax or email form as noted below.

PHONE CALLS WILL NOT BE ACCEPTED

High Peaks Resort

2384 Saranac Avenue, Lake Placid, NY

12946

Fax 518-523-1120

Email: reservations@highpeaksresort.com

Confirmation will be faxed or mailed using the information provided on this form.

Package Total \$ _____

Conf# _____ Agent _____

Date _____