

INVITATION TO EXHIBIT & SPONSOR



South Dakota Bankers Association

2025 Agricultural Credit Conference

July 22-23, 2025

Ramkota Hotel & Conference Center

920 W. Sioux Avenue | Pierre, SD



CONTACT INFORMATION



Contact Name: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Contact Email: _____

Contact Phone: _____

EXHIBIT INFORMATION



☐ **YES, we would like to exhibit!** The exhibit fee is \$550 for members, \$650 for non-members. *This includes one 6-foot table with tablecloth, 2 chairs and ONE complimentary registration.* Additional booth staff at \$550 for members, \$650 for non-members. Exhibit setup is Wednesday, July 22 from 7:30–10:15 a.m. Exhibit hours are Wednesday, July 22 from 10:30–10:50 a.m., 12:15–1:15 p.m., 3:15–3:35 p.m. and 5:15–6:30 p.m. as well as Thursday, July 23 from 7:30–8:00 and 10:00 a.m.–10:15 a.m. (All times CDT and are subject to change slightly.) You will also be given 2 minutes of podium time to directly address participants.

On-site Exhibitor Name: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Contact Email: _____

Contact Phone: _____

Additional Exhibitor Name(s): _____

Brief description of product or service: _____

Please indicate any special requirements (i.e. electricity): _____

SPONSORSHIP INFORMATION



☐ **YES, we would like to sponsor!** (contact Halley for availability and options. All sponsorships include logo on event signage, sponsor ribbons, podium recognition, on-site program recognition, and follow up recognition in the SD Banker Magazine. Additional benefits listed below. **CALL 605.224.1653 TO REGISTER COMP REGISTRANTS.**)

- ☐ \$2,500 Sponsorship:
- ❖ 2 Comp Registrations
 - ❖ Solo Logo on Event Screen
 - ❖ Logo on Event Webpage
 - ❖ Podium Time (3 min.)
 - ❖ Opportunity to Provide Video Welcome

- ☐ \$1,000 Sponsorship:
- ❖ 1 Comp Registration
 - ❖ Logo on Event Webpage
 - ❖ Opportunity to Provide Video Welcome

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 - ❖ Podium Time (2 min.)
 - ❖ Opportunity to Provide Video Welcome

- ☐ \$500 Sponsorship:
- ❖ As listed above in italics

PAYMENT INFORMATION



Total fees due: \$ _____

☐ Check enclosed

☐ Please send me an invoice

☐ Please bill credit card (SDBA will call)

Cancellation Policy: 100% refund if canceled before July 4; 75% refund if canceled July 4-7; no refund if canceled July 8 or later. Substitutions allowed at any time.

Return Form & Fee to: SDBA, PO Box 1081, Pierre, SD 57501 or email to hlee@sdba.com. Fax 605.224.7835.

Questions: 605.224.1653

OFFICE USE ONLY: Date Sent to Billing _____ Date Paid _____