

**2023 IMBA State Convention Registration**  
**Monday, June 19<sup>th</sup> & Tuesday, June 20<sup>th</sup>**



French Lick Resort @ 8670 West State Road 56 French Lick, IN 47432  
 Room block rate is \$169 + tax through Friday, May 18<sup>th</sup>, and to reserve a room, call 1-844-241-6361 or click on the link that follows, and in either case, use the Reservation Code 0623IMB:  
<https://indianamba.org/State-Convention>

**State Convention Registration Fee**

	<u>Member</u>	<u>Non-Member</u>
	<u>Per Person</u>	<u>Per Person</u>
1 <sup>st</sup> Person per Company or Single	___ \$279	___ \$379
Each Additional Person	___ \$259	___ \$359

**(Note: The above fees include the Monday night President’s Dinner. If you choose not to attend the dinner it will be \$25 less)**

‘Early Bird’ discount of \$25 off each registration before April 15th  
 Group discount for 10 or more registrations \$50 off each registration  
 (Not in addition to early-bird registration discount)

**Please complete this form and return with proper payment no later than Friday, June 9th:**

IMBA Association Office 19359 Alpine Drive, Lawrenceburg, IN 47025 Phone: 812-537-1003  
 Email: [execdir@indianamba.org](mailto:execdir@indianamba.org)

**Contact information for first and single registrations. List additional people on page two of this form.  
 Be sure to indicate which days each person will be attending.**

Name \_\_\_\_\_ Position \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Payment Information**

**Please provide**    \_\_\_ Invoice    \_\_\_ Receipt (Sent via e-mail)  
**Payment Method**    \_\_\_ Check    Credit Card: \_\_\_ VISA \_\_\_ MC \_\_\_ Amex    Billing Zip Code \_\_\_\_\_  
**Total Amount: \$** \_\_\_\_\_  
**Cardholder’s Name:** \_\_\_\_\_  
**Account Number:** \_\_\_\_\_    **Expiration Date:** \_\_\_\_\_  
**Cardholder’s Signature:** \_\_\_\_\_    **Security Code:** \_\_\_\_\_

**Registrations for Additional Attendees**

**Make additional copies of this page if needed.**

**Registrations must be submitted together to get the discounted fees for additional people.**

Name _____	Position _____
Company _____	
Address _____	
City _____	State _____ Zip Code _____
Phone _____	Fax _____ E-mail _____
Name _____	Position _____
Company _____	
Address _____	
City _____	State _____ Zip Code _____
Phone _____	Fax _____ E-mail _____
Name _____	Position _____
Company _____	
Address _____	
City _____	State _____ Zip Code _____
Phone _____	Fax _____ E-mail _____
Name _____	Position _____
Company _____	
Address _____	
City _____	State _____ Zip Code _____
Phone _____	Fax _____ E-mail _____