2025 EXHIBITOR WRISTBAND ORDER FORM

Each exhibiting company will be given a daily allotment of wristbands. Each show day will have a corresponding wristband. Wristbands need to be worn in order to enter the show grounds. If you require additional wristbands, you can purchase them in advance of the show. Deadline to submit the additional exhibitor wristband order form is **AUGUST 6.**

The allotment of wristbands is based on booth size:

| Indoor Booths* | | Outdoor Booths | Outdoor Booths | |
|---------------------|-----------------------|---------------------|-----------------------|--|
| 10' wide x 10' deep | 4 wristbands per day | 25' wide x 50' deep | 5 wristbands per day | |
| 10' wide x 20' deep | 6 wristbands per day | 50' wide x 50' deep | 6 wristbands per day | |
| 10' wide x 30' deep | 8 wristbands per day | 50' wide x 75' deep | 7 wristbands per day | |
| 20' wide x 20' deep | 10 wristbands per day | Seed Plot & Lot | Seed Plot & Lot | |
| 20' wide x 30' deep | 10 wristbands per day | 60' x 130' plot | 14 wristbands per day | |

^{*}Each additional 10' x 10' booth, or 100 sq. ft., will receive 2 additional wristbands per day. Maximum number of wristbands per day is 10.

This form does not need to be completed if you do not need more than the alloted number of wristbands.

The wristbands are meant for exhibitor staff working the booth. If you require attendee tickets, please see the Sponsorship Guide, where you can order customized tickets for your customers to come see you at the show.

To receive the exhibitor rate of \$6 (includes 4.5% SD sales tax) per wristband per day, please fill out the following information:

| Exhibitor Name Phone | | | | | |
|----------------------|-------------------------|--------------------|-----------------------------|-----------------------------------|--|
| | | | | | |
| Additional Wristb | oands Needed (Please in | ndicate the quanti | ty of additional wristbands | needed for each day by the day.): | |
| Tuesday | Wednesday | | _ Thursday | / | |
| Payment | \square Credit Card | \square Check | | | |
| Company | | | | | |
| CC# | | | Exp Date | Security Code | |
| Name on Card | | | | | |
| Billing Address | | | | | |
| City | | | State | Zip | |
| Phone | | | Email | | |
| Authorized Signat | ure | | | | |



Return completed form by AUGUST 6

Make check payable to IDEAg Group, LLC.

Mail to: IDEAg Group, LLC - DFST, 3080 Eagandale Place, Eagan, MN 55121

Email: IDEAg@IDEAgGroup.com

Fax: 847-483-1379