

Networking & Experience Sponsorships

SPONSORSHIP

Connection Zone

Recharge Coffee Bar

Breakfast (3 days)

Lunch (2 days)

Élan Awards Dinner

RENAISSANCE ORLANDO AT SEAWORLD ORLANDO, FLORIDA • April 19–22, 2026

TOTAL

2026 ICMA EXPO Insertion Order (IO)

Sponsorship • Exhibit • Advertising Agreement

Please complete the following mandatory information and send to Donna Latham, dlatham@icma.com.

COMPANY INFORMATION				
Company:				
Contact Name:				
Title:				
Address:				
	State:			
Telephone:	Fax:			
Email:				
ICMA Member ☐ Yes ☐ No				
Company Name (as it should appe	ear in print / digital listings):			
EXHIBIT SELECTION				
For Exhibit Booth Options and to Book Your Exhibit Space, Visit Exhibitors - ICMA.				
For Exhibit Booth Options and to	o Book Your Exhibit Space, Visit Ex	chibitors - ICMA.		
SMALL BUSINESS MARKET		thibitors - ICMA.		
SMALL BUSINESS MARKET				
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SMALL BUSINESS MARKET For SBM Options and to Book You SPONSORSHIP SELECTION	TPLACE (SBM) our SBM Space, Visit Exhibitors - IC			
SMALL BUSINESS MARKET For SBM Options and to Book You SPONSORSHIP SELECTION Premium Sponsorships	TPLACE (SBM) our SBM Space, Visit Exhibitors - IC	MA.		
SMALL BUSINESS MARKET For SBM Options and to Book You SPONSORSHIP SELECTION Premium Sponsorships SPONSORSHIP	TPLACE (SBM) our SBM Space, Visit Exhibitors - IC	MA.		

RATE

\$5,500

\$5,000

\$5,000

\$5,000

\$5,000



Visibility Sponsorships

SPONSORSHIP	RATE	TOTAL
Lanyards	\$4,000	
Mobile App	\$4,000	
Reception* (per event) *Indicate which reception inside the TOTAL box	\$2,500	

Preferred Sponsorship (list):	

ADVERTISING - ICMA EXPO INSIDER

AD PLACEMENT	NON-MEMBER RATE	MEMBER RATE	EXHIBITOR / SPONSOR RATE	TOTAL
Front inside cover	\$2,500	\$1,875	\$1,500	
Back inside cover	\$2,500	\$1,875	\$1,500	
Back cover	\$2,700	\$2,025	\$1,620	
Full page	\$1,900	\$1,425	\$1,140	
Half page	\$1,200	\$900	\$720	

Advertising Deadline:
□ I will provide print ready artwork.
\square I request design assistance (additional fee may apply).
PAYMENT INFORMATION
Total Amount Due: \$
Payment Method: Check (payable to International Card Manufacturers Association)
☐ Credit Card ☐ Visa ☐ MasterCard ☐ AMEX
Card Number:
Billing Zip/Postal Code:
Payment Terms:
Full payment due within 30 days of invoice or upon signing, whichever comes first. Sponsorships, ads, and exhibit space will not be confirmed until payment is received.
AUTHORIZATION

By signing below, I acknowledge that I am authorized to commit my organization to the terms of this agreement and agree to abide by all ICMA EXPO participation guidelines.

Authorized Signature: $_$		
Printed Name		
Title:		
Date:		