

CONVENTION

AUGUST 26, 2025

PRAIRIE MEADOWS CONFERENCE CENTER

1 Prairie Meadows Dr., Altoona, IA 50009

EXHIBITOR OPPORTUNITIES**Exhibit Space Registration Form**

Contact: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website : _____

Exhibit Booth Rates:

Member: \$1,100

Non-Member: \$1,400

Company name as you would like listed on all 2025 Convention materials:

Booth Selection: (See Floor Plan)

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____ 4th Choice: _____

Will exhibitor drawing be awarded? YES _____ NO _____ (if so please email logo to melissa@iiaaiowa.org)

Booth Total: \$ _____

Booth Cost Includes:

- Professionally draped 8'(deep) x 8'(wide) exhibit space
- 6' table
- Two folding chairs
- Trash can
- A one-line standard booth ID sign
- List of your company in the official convention program.
- Attendance for two (2) booth workers for entire convention

more information

- Set up time is from 1:00 p.m. - 3:30 p.m.
- Trade show runs from 4:00 p.m. - 8:00 p.m.

Cancellations: Full refund before 8/1/2025. No refunds after 8/1/2025 Full payment due with form submission. Booth space will not be reserved until payment is received. Please email a copy of your logo in an eps, jpeg or pdf file that is 300 dpi to melissa@iiaaiowa.org. IIAI reserves the right to adjust floor plan as necessary. The following Exhibitor hereby requests IIAI (Independent Insurance Agents of Iowa) reserve exhibit space for the Exhibitor at the IIAI Annual Convention held on August 26, 2025 at Prairie Meadows Conference Center, Altoona, Iowa. Exhibitor agrees to adhere to IIAI's rules and regulations. Exhibitor hereby releases IIAI and Prairie Meadows Convention Center from all damages and expenses caused by or related to any act or omission of IIAI and Prairie Meadows with respect to IIAI Annual Convention. As used herein, "IIAI and Prairie Meadows Convention Center" includes anyone acting for or on behalf of IIAI or Prairie Meadows Convention Center, as a member, agent, director, officer, shareholder, employee or independent contract.

Method of Payment☐ Check ☐ MasterCard ☐ VISA ☐ AmEx

Card #: _____ Exp. Date _____

CVV # _____ Signature _____

Return form to:

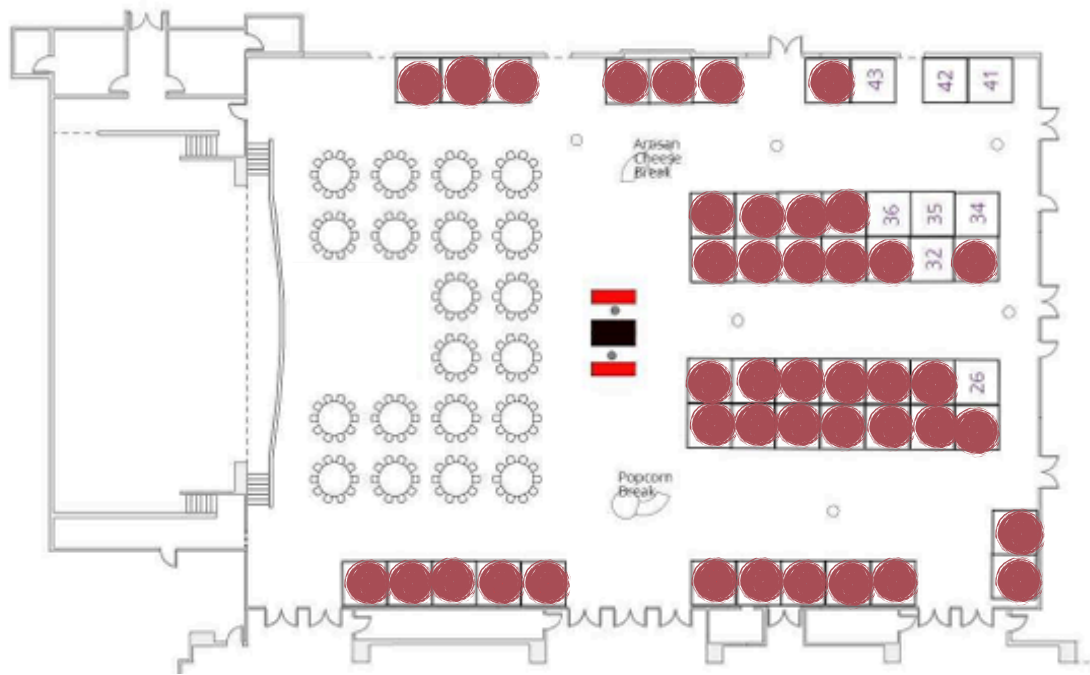
Melissa Meiners

IIAI, 4000 Westown Parkway, Suite 200

West Des Moines, IA 50266

515-402-4033 | www.iiaaiowa.org | melissa@iiaaiowa.org

EXHIBITOR FLOOR PLAN



COMPANY	BOOTH #	COMPANY	BOOTH #	COMPANY	BOOTH #
Enterprise Mobility	1	ICAP	25	Group Benefits Ltd.	48
Convelo Insurance Group	2		26	RCIS	49
Grinnell Mutual	3	Oscar Health	27		50
MEM Insurance	4	Concorde General Agency	28		
IASC	5	Truckers Insurance Assoc	29		
Savii Co.	6	Eventual Holdings Co.	30		
Merchants Bonding	7	LocalEdge Brokerage	31		
Travelers	8		32		
Foremost Insurance	9	Imperial PFS	33		
RPS	10		34		
Philadelphia Insurance Co.	11		35		
Wholesure	12		36		
First Insurance Funding	13	NCMIC	37		
Progressive	14	Old Republic Surety Co.	38		
Agrisampo	15	Nationwide Insurance	39		
IMT Insurance	16	Nationwide Insurance	40		
IMT Insurance	17		41		
EMC Insurance	18		42		
EMC Insurance	19		43		
IIAI Young Agents	20	Stonetrust Workers' Comp	44		
IIAI Young Agents	21	SIAA - The Agent Alliance	45		
Pennsylvania Lumbersman	22	Liberty Mutual	46		
Method Insurance	23	Safeco	47		
National General, an Allstate Co.	24				