Exhibitor/Sponsor Booth Reservation
Arkansas Aging Conference 2009
Hot Springs, Arkansas

Living Today for a Better Tomorrow
ARKANSAS AGING CONFERENCE 2009

Sponsor ☐ Exhibitor ☐ Both ☐

(Type or print clearly)

Name of organization: _____

Address: _____

_____

Contact Person: _____

Phone: _____ Fax: _____

E-mail: _____

What will you exhibit in your booth? _____

_____

Will you be donating a door prize(s)? ☐ Yes ☐ No

Lunch Tickets. Please indicate the number of lunch tickets you wish to purchase ($15 each) below:
Wednesday _____ Thursday _____ Include this payment with your exhibit fee.

Your organization's name ***as you wish it to appear on the booth sign***.
Maximum length – 28 letters per sign. ***Type or Print clearly***.

Names of people manning the booth, as you want them to appear on name tags. ***Print Clearly***

_____ _____

_____ _____

_____ _____

Each 10-foot by 10-foot booth will be draped and will have a 6-foot skirted table and two chairs. Please indicate below if you require additional accommodations:

Number of additional chairs _____ (Free)

Amount enclosed for **Additional Tables** @ $20.00 each	$_____
Amount enclosed for **Sponsor** ($2,000, $1,500, $1,000, or $500, as applicable.)	$_____
Amount enclosed for **Exhibitor** ($300)	$_____
Amount enclosed for **Lunches** ($15 each)	$_____
Total amount enclosed	$_____

For exhibit booth, your check and this form must be sent in by **September 1, 2009.**

Please make your check payable to: **Arkansas Association of Area Agencies on Aging**

Sponsors, please see "Sponsors" page for special instructions and payment information.

Mail to: **Nadine Grice**
Division of Aging and Adult Services
PO Box 1437, Slot S530
Little Rock AR 72203-1437
email: nadine.grice@arkansas.gov
Phone: 501-682-9992

You will receive a confirmation letter containing additional information.