

## Exhibitor/Sponsor Booth Reservation

### Arkansas Aging Conference 2010

Hot Springs, Arkansas



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:

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.) \$ \_\_\_\_\_

**Note:** A free display booth is not included as part of a \$500 sponsorship.

Amount enclosed for **Exhibitor** (\$300) \$ \_\_\_\_\_

Amount enclosed for **Lunches** (\$15 each) \$ \_\_\_\_\_

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**Total amount enclosed** \$ \_\_\_\_\_

*For exhibit booth, your check and this form must be sent in by **September 1, 2010.***

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](mailto:nadine.grice@arkansas.gov)**  
**Phone: 501-682-9992**

You will receive a confirmation message containing additional information.