

ARKANSAS EMERGENCY MANAGEMENT ASSOCIATION

VENDOR REGISTRATION FORM

August 31, 2009 – September 4, 2009
Wyndham Riverfront Hotel
N. Little Rock, AR

ORGANIZATION _____
NAME: _____
TITLE: _____
MAILING ADDRESS: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: _____ E-MAIL: _____

BOOTH REGISTRATION Please mark (X) all that apply.

- Registration \$325.00
- Extra 8' Table with skirt _____ x \$25.00 = _____
- Electricity _____ x \$25.00 = _____
- High Speed Internet connection _____ x \$95.00 = _____
- Wireless is available at no charge

CONFERENCE REGISTRATION INCLUDES

- 8' Table w/skirt and 2 chairs
- Conference entry fees
- Meal tickets for each function
- Corporate Membership

SPONSORSHIP OPPORTUNITIES Please mark (X) all that apply.

- Daily breaks
- Wednesday Evening Dinner
- Thursday Lunch
- Entertainment

(MAKE CHECK PAYABLE TO AEMA)

PLEASE RETURN TO:

Joy Sanders
501 Ouachita Avenue, Ste B-2
Hot Springs, AR 71901
Tel: 501-622-3787 Fax: 501-622-3786
Email: OEM47C@aol.com

AEMA USE ONLY

CASH CHECK CHECK NO. _____
AMOUNT PAID: _____ RECEIVED BY: _____