

APPLICATION FOR EXHIBIT SPACE

COACHES CLINIC JUNE 22-24, 2016
BREWER - HEDGEMAN CONFERENCE CENTER
UCA CAMPUS, CONWAY, AR

PLEASE PRINT OR TYPE BELOW



Company Name _____
Street Address _____
City _____
State _____ ZIP _____
Phone _____
Fax _____

ALL APPLICATIONS MUST BE MADE ON THIS FORM.

Please complete, sign and mail this application with payment to:

Arkansas Activities Association
3920 Richard Road
North Little Rock, AR 72117

501-955-2500 - Phone
501-955-2600 - Fax

Signature of Authorized Representative:

Authorized Signature _____
Name _____ Title _____
Website _____ Date _____
Email _____

We hereby apply for exhibit space for our use at the AHSCA Conference. If our choices of space have been assigned we request to be assigned the next best space available.

Products displaying

Large Display _____
Small Display _____

We understand that a \$150.00 deposit is due by **May 31, 2016**. If exhibitors have not occupied or paid full amount by 12 p.m. Tuesday **June 21, 2016**, booths will not be held and AHSCA may sell the available booth space.

NOTE: The space provided will be shown on the floor plan in standard booth size. AAA reserves the right to make changes at any time in the location, size and display limits of any booth if this is in the best overall interest of the exhibit. Exhibits may not project beyond the space allotted or interfere with traffic or sightlines to exhibit of others.

1. **BOOTH FEES \$300.00** per booth \$ _____
Note a \$ 150.00 deposit is required

2. **ADDITIONAL TABLES \$150.00** \$ _____

**NOTE: NO SPACE WILL BE ASSIGNED UNTIL PAYMENT IS RECEIVED
RESERVE YOUR BOOTH SPACE EARLY!! SPACES ARE LIMITED**

Exhibitors are encouraged to reserve booth space no later than **May 31, 2016**

NOTE: Door prizes are given out at the meeting on Friday please confirm if your business will donate a prize.

Will furnish door prize _____

Will not furnish door prize _____
Deadline is May 31 2016

For questions contact: Wadie Moore or Nicole Cunningham at 501-955-2500

Email wadie@ahsaa.k12.ar.us or nicole@ahsaa.k12.ar.us

FOR OFFICE USE ONLY

Exhibit space assigned: _____ Date Received _____

Date of Assignment: _____

Method of Payment

Check enclosed, payable to the AAA.

Please charge my credit card:

Visa Mastercard

AMEX Discover

I, _____
herby authorize the AAA to charge my credit card the TOTAL of _____

Credit # _____

Exp. Date _____

Cardholder Name _____

Billing Address _____

