



**County Judges Association of Arkansas
1415 West Third Street
Little Rock, AR 72201
501-372-7550 phone – 501-372-0611 fax**

July 22, 2019

To: Vendors
From: Karan Skarda, Continuing Education Coordinator
Re: County Judges Association of Arkansas Meeting

Enclosed you will find a pre-registration form for the 2019 Annual Fall Meeting of the County Judges Association of Arkansas to be held **September 23-25, 2019** at the **Benton Event Center, 17322 I-30 N., Benton/Saline County.**

The fee for an exhibit table is \$500 and includes registration for two (2) attendees and admission to all meal functions with the County Judges. We encourage you to register online at www.arcounties.org if you wish to pay by credit card. **Vendor registration and installation of exhibits begins at noon on Monday, September 23rd.**

The fee to attend this meeting without an exhibit table is \$150 per attendee and the on-site registration fee is \$160.

A sponsorship is an excellent opportunity to support the CJAA educational conferences or seminars. Your sponsorship will help defray the costs of the expenses of the CJAA for meeting space rental, audio visual equipment, speakers, printed educational materials, etc. {Meals served by the CJAA at the CJAA Conferences or seminars to the county judges, county employees, and their spouses are explicitly paid for by the registration fees for the county judge, county employee and their spouses.} As a CJAA Conference sponsor, your company will be recognized for your support. Please see sponsorship levels below.

Platinum	\$ 1,500	Registration for four (4) company personnel. Recognition: sponsor sign, tabletop signage, speech at vendor reception, sponsor logo featured on pre-session PowerPoint presentation, one-half page ad in agenda, and exclusive printed recognition in meeting room
Gold	\$ 800	Registration for three (3) company personnel. Recognition: sponsor sign, tabletop signage, and company logo in agenda
Silver	\$ 600	Registration for one (1) company personnel. Recognition: sponsor sign, tabletop signage, and company logo in agenda

The cost for additional personnel to attend is \$150 per person.

To make your lodging reservations, please call the **Fairfield Inn and Suites at 501-722-6330 or the Holiday Inn Express**, located a short distance from the meeting location at **7224 Alcoa Road, Bryant, at 501-778-8400**. Please advise the receptionist that you will be attending the County Judges Association Meeting to receive the negotiated group rate of \$94 (standard king/queen) plus applicable taxes. Breakfast is included in the room rate. To ensure the negotiated rate, please make your lodging reservations by September 6, 2019.

An agenda for the 2019 Annual Fall Meeting of the County Judges Association of Arkansas will be forthcoming. Once finalized, you may also find the agenda on our website, www.arcounties.org.

If you wish to pay by check, please complete the enclosed registration form and mail along with your check to:

County Judges Association of Arkansas
Attn: Karan Skarda
1415 W. Third Street
Little Rock, Arkansas 72201

The deadline to register for the Annual Fall County Judges Association of Arkansas Meeting is **September 6, 2019**.

Should additional information be required, please do not hesitate to call.



**COUNTY JUDGES ASSOCIATION OF ARKANSAS
2019 ANNUAL FALL MEETING
VENDOR REGISTRATION FORM
September 23-25, 2019**

Please return registration form and payment by September 6, 2019

PRE-REGISTRATION WITH EXHIBIT TABLE - Please complete all information requested

Attendee 1 _____ (Complimentary)

Name Title

Attendee 2 _____ (Complimentary)

Name Title

Additional Attendee _____ \$150

Name Title

Additional Attendee _____ \$150

Name Title

Name of Company

Address City State Zip-Code

Telephone Number Email Address

Type of Business: _____ FEES:(Per Additional Attendee)

Pre-Registration \$150

On-Site \$160

Exhibit Table \$500

Exhibit Table \$ 500

Additional Attendee Registration Amount Enclosed: \$ _____

Fee for Electricity – Add \$25.00 \$ _____

Total Amount Enclosed \$ _____

To help us determine meal guarantees, please indicate below how many people will attend:

_____ Number of people attending Vendor Reception, Monday, September 23

_____ Number of people attending Breakfast, Tuesday, September 24

_____ Number of people attending Lunch, Tuesday, September 24

_____ Number of people attending Dinner, Tuesday, September 24

_____ Number of people attending Breakfast, Wednesday, September 25

PRE-REGISTRATION WITHOUT EXHIBIT TABLE – Please complete all information

Attendee: _____ \$150/\$160 On-Sight

Name Title

Name of Company: _____

Telephone _____ Email Address _____

Total Amount Enclosed \$ _____

To help us determine meal guarantees, please indicate below how many people will attend:

_____ Number of people attending Vendor Reception, Monday, September 23

_____ Number of people attending Breakfast, Tuesday, September 24

_____ Number of people attending Lunch, Tuesday, September 24

_____ Number of people attending Dinner, Tuesday, September 24

_____ Number of people attending Breakfast, Wednesday, September 25



**COUNTY JUDGES ASSOCIATION OF ARKANSAS
2019 ANNUAL FALL MEETING
VENDOR SPONSORSHIP FORM
September 23-25, 2019**

***Sponsorship Levels Available: *See letter for full details**

- | | | | |
|--------------------------|----------|----------|--|
| <input type="checkbox"/> | Platinum | \$ 1,500 | Includes four (4) complimentary registrations |
| <input type="checkbox"/> | Gold | \$ 800 | Includes three (3) complimentary registrations |
| <input type="checkbox"/> | Silver | \$ 600 | Includes one (1) complimentary registration
Additional attendees - \$150 per person |

Please print or type below the company name exactly as you wish it to appear in printed and posted materials and signage.

Sponsorship Registration – Please complete all information requested

Attendee 1 _____

Name Title

Attendee 2 _____

Name Title

Attendee 3 _____

Name Title

Attendee 4 _____

Name Title

Name of Company: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email Address: _____

Sponsorship Fee Enclosed: \$ _____

Additional Registration Fee Enclosed (\$150 per person): \$ _____

Total Amount Enclosed \$ _____

To help us determine meal guarantees, please indicate below how many people will attend each function:

_____ Number of people attending Vendor Reception, Monday, September 23

_____ Number of people attending Breakfast, Tuesday, September 24

_____ Number of people attending Lunch, Tuesday, September 24

_____ Number of people attending Dinner, Tuesday, September 24

_____ Number of people attending Breakfast, Wednesday, September 25