



Arkansas Press Association 2024 Advertising Conference Sign Up Today!

Newspaper: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Attendee Name:

1. _____

2. _____

3. _____

4. _____

Please list any additional names on a separate sheet.

Conference Fee (\$100) Includes:

Reception, Thursday dinner, breaks, Friday breakfast, awards banquet and all conference materials.

Total Attendees:

_____ x \$100 Full Conference Fee \$ _____

_____ x \$100 Hotel Room \$ _____

_____ x \$40 Awards (Lunch Only) \$ _____

TOTAL \$ _____

Payment Options:

_____ Check Enclosed _____ Bill Me

Credit Card # _____

Expiration Date _____ VCN# _____

Room 1: Double / King *Circle One*

Person 1: _____

Person 2: _____

Room 2: Double / King *Circle One*

Person 1: _____

Person 2: _____

Room 3: Double / King *Circle One*

Person 1: _____

Person 2: _____

Please list any additional names on a separate sheet.