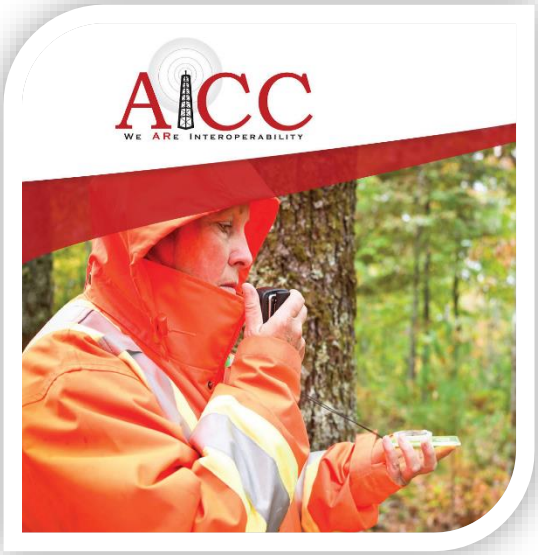

2016 Arkansas Interoperability Conference

July 20-22, 2016 (Exhibitor Space July 20-21)

Crowne Plaza Hotel
201 South Shackleford Road, Little Rock, AR 72211

To complete registration, please contact:

Rachel Wilson, Conference Coordinator
Phone: 501-683-0491
E-mail: rachel.wilson@arkansas.gov

Exhibitor Registration Form

Company Name: _____

Mailing Address: _____

City, State, Zip: _____

Contact Name: _____

Contact E-mail: _____

Contact Phone: _____ Check box to register the Contact Person: ☐

Make checks payable to:

Dawson Educational Cooperative

c/o DIS-AWIN
1 Capitol Mall, 3rd Floor
Little Rock, AR 72201

1 Name: _____ E-mail: _____

2 Name: _____ E-mail: _____

3 Name: _____ E-mail: _____

4 Name: _____ E-mail: _____

Number of Tables in Exhibitor Room: ☐ One ($400) ☐ Two ($900) ☐ Other: *Contact Coordinator for availability.*

Presentation Time:* ☐ 15 minutes ☐ 30 minutes ☐ 45 minutes ☐ 60 minutes ☐ None

**Limited time slots are available for Exhibitor presentations. Contact Coordinator for availability and scheduling. $1000 for each 15 minute time slot.*

Break Sponsorship (includes 15 min. presentation time): ☐ Yes ($2500) ☐ Not time time.

Do you want your company name included on the Exhibitor Booth Visitation Cards? (Refer to Info & Pricing Guidelines)
☐ Yes (requires Door Prize Drawing donation worth $50 or more)** ☐ Not this time

***Describe your donation for the Door Prize Drawings:* _____

Do you have a Registration Materials Inclusion?*** ☐ No ☐ Yes, *describe:* _____

****No charge for inclusion, but items must be deemed feasible, appropriate and acceptable by the Coordinator.*