

2022 APFPA Conference Sponsor Registration

July 20-22, 2022

Early-Bird Rates Good Until June 20, 2022

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

CONFERENCE ATTENDEE

Name: _____ Position: _____

Phone: _____ Email: _____

Are you planning to attending: Thursday Breakfast _____ Thursday Lunch _____

Thursday Dinner _____ Friday Breakfast _____

Please check all that apply: Vegetarian: _____ Vegan: _____

Please list any food allergies: _____

SPOUSE REGISTRATION (Covers food functions only. If you want your spouse to attend the entire conference, please register them as a conference attendee.)

Name: _____

Phone: _____ Email: _____

Are you planning on attending: Thursday Breakfast _____ Thursday Lunch _____

Thursday Dinner _____ Friday Breakfast _____

Please check all that apply: Vegetarian: _____ Vegan: _____

Please list any food allergies: _____

REGISTRATION COSTS FOR VENDORS AND SPONSORS: Please check the appropriate box for your organization:

VENDOR BOOTH ONLY: \$300 (Does not cover admission to the conference or food functions, up to two representatives permitted)

BRONZE LEVEL SPONSORSHIP: \$500 • \$100 PER ADD'L ATTENDEE (\$140 AFTER 6/20/22)
Please provide the name of the member to receive the 1 (one) year membership:

SILVER LEVEL SPONSORSHIP: \$800 • \$100 PER ADD'L ATTENDEE (\$140 AFTER 6/20/22)
Please provide the name of the member to receive the 1 (one) year membership:

(CONTINUED>)

GOLD LEVEL SPONSORSHIP: \$1,500 • \$100 PER ADD'L ATTENDEE (\$140 AFTER 6/20/22)

Please provide the (2) names of the members that will receive the 1 (one) year membership: _____

(Two conference registrations fees are included in this sponsorship package)

TO BE COMPLETED BY VENDOR BOOTH REGISTRANTS AND SPONSORS:

Will you have fleet vehicles on display: Yes No

If so; how many? (No more than 2 permitted)

Will you set up a booth? Yes No

Payment Method: Mail Check Check at Conference (_____ PO #)

Pay Online

Total Due: _____

Authorized Signature: _____ Date: _____

Please complete this form online. Or, mail this completed form and a check to:

Liz c/o Central Arkansas Water, PO Box 1789, Little Rock, AR 72203.

Checks should be made payable to APFPA.