



**Arkansas
PROCUREMENT
OPPORTUNITIES
Conference**
*Connecting Small Business
to Large Opportunities*

EXHIBITOR BOOTH SPACE CONTRACT
APRIL 27, 2010
STATEHOUSE CONVENTION CENTER
LITTLE ROCK, ARKANSAS

EXHIBITOR CONTACT (please print and provide all requested information)

First Name:

Last Name:

Company:

Address:

City/State/Zip:

Email Address:

Phone:

Fax:

EXHIBITOR BOOTH SPACE

Quantity	Description	Price	Total
	10x10 Booth Space	\$525	
	10x20 Booth Space	\$800	
	Corner Booth Space	\$650	

My booth identification sign should read (PLEASE PRINT)

PAYMENT INFORMATION

Check: Make checks payable to: Arkansas State Chamber of Commerce

Credit Card: American Express MasterCard Visa

Card Number: _____ **Exp Date:** _____

Credit Card Billing Address:

Street Address: _____

City/State/Zip: _____

Card Holders Name: _____

Mail – completed form and payment to: Arkansas State Chamber of Commerce, P.O. Box 3645, Little Rock, AR 72203

Fax – completed form to: (501) 372-2722