



*Celebrating 40 Years of Service to Counselors in*

**Arkansas Association of**

**Alcoholism and Drug Abuse Counselors**

WELCOME TO  
THE 2017 AAADAC ANNUAL FALL WORKSHOP  
September 18-21, 2017

Reserve Your Exhibit Table and Help Us Celebrate  
40 Years of Service!

AAADAC 2017 Annual Fall Workshop  
September 18-21, 2017

The Hilton Garden Inn  
2840 South Caraway Road  
Jonesboro, AR 72401

Hotel Reservations: (870) 931-7727

Book Your Room Before September 4<sup>th</sup> To Get The AAADAC Rate

### **EXHIBITOR INFORMATION**

Exhibitor/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone (\_\_\_\_)\_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Exhibitor Names: 1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_ \$150 for a 6-foot table, two chairs, and signage at the conference

\_\_\_ Free Scholarship (\$200 value)

\_\_\_ Raffle Gift/Cards (Prizes) \$\_\_\_\_\_ Donate a raffle gift to be raffled off during breaks and end of day  
(Companies name will be announced)

Set up Date & Time: 17 September 2017, 7pm-9pm at the Hilton Garden Inn, Conference Area

### **Payment/Billing Information**

\_\_\_ Credit Card \*\* AAADAC will add an additional 3% for use of credit card.

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Verification Code (3-digit number on back of card): \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

\_\_\_ Check or Money Order

Total Due: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

Check or Money Order Number: \_\_\_\_\_

Make Check or Money Order Payable to

**Arkansas Association of Alcohol and Drug Abuse Counselors**

**MAIL REGISTRATION TO:**

AAADAC  
P.O. BOX 45386  
LITTLE ROCK, AR 72214

QUESTIONS? CONTACT JERE BREWER OR MYRIAM CARTER  
[JCBR1962@gmail.com](mailto:JCBR1962@gmail.com) OR 850-499-7838  
[MYRIAM5164@SBCGLOBAL.NET](mailto:MYRIAM5164@SBCGLOBAL.NET) OR 501-351-5164

## EXHIBITOR'S EQUIPMENT NEEDS

Please complete and return the following questionnaire as soon as possible in order for the AAADAC Fall Workshop staff to be responsive to your individual needs. If you have any questions, please contact Jere Brewer (850-499-7838) (jcbr1962@gmail.com).

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Exhibit Space: *You will have an exhibit space consisting of a draped 6-foot table located in the foyer and convention hall ways. Name signs will designate your table. Set Up Times and Parking on the attached sheets.*

Equipment Needs (Please check appropriate spaces):

\_\_\_ Extension Cord(s) for electricity, please tell how many: \_\_\_

\_\_\_ Extra room for tall or wide displays. Please describe below and give dimensions of width, height, and depth.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ Chair(s) for your table if need more than two (2), please tell how many: \_\_\_\_\_

\_\_\_ Does your display need to be against a wall vs window?

Other special needs, please describe: \_\_\_\_\_

\_\_\_\_\_

Representatives using scholarships from your agencies (please send in registrations forms for these people).

NOTE: Scholarships can be split up among agency personnel, i.e., 1 scholarship can be broken down between 2 people (1-2 day attendance).

1) \_\_\_\_\_

2) \_\_\_\_\_

Representatives from your agency, who will be manning the booth, but not attending the conference. Please list their names and titles.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_