

# PRE-REGISTRATION FORM

**Arkansas Fair Managers Association Annual Convention – January 10-12, 2019  
Arlington Hotel – Hot Springs, Arkansas**

Name of Fair \_\_\_\_\_ 2019 Fair Dates \_\_\_\_\_

Contact Person \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Fair Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Delegate \_\_\_\_\_ Alternate \_\_\_\_\_

Fair Manager \_\_\_\_\_

**\*\*Will your fair adopt a table in the hospitality room, YES \_\_\_\_\_ NO \_\_\_\_\_  
decorating with the "Roaring Twenties" theme?\***

### CONVENTION ATTENDEES

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Position with fair \_\_\_\_\_ Position with fair \_\_\_\_\_ Position with fair \_\_\_\_\_

**First Timer?** – Check if Yes \_\_\_\_\_ **First Timer** – Check if Yes \_\_\_\_\_ **First Timer** – Check if Yes \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Position with fair \_\_\_\_\_ Position with fair \_\_\_\_\_ Position with fair \_\_\_\_\_

**First Timer** – Check if Yes \_\_\_\_\_ **First Timer** – Check if Yes \_\_\_\_\_ **First Timer** – Check if Yes \_\_\_\_\_

PLEASE LIST OTHERS ATTENDING ON BACK OF REGISTRATION FORM

PRE-REGISTRATION ..... \$25.00 ea. (After December 15<sup>th</sup> - \$35.00)  
 BANQUET TICKETS ..... \$40.00 ea  
 18 & UNDER REGISTRATION ..... \$10.00 ea (for youth attending convention activities)

	Number	Total
PRE-REGISTRATION _____ @ \$25.00 EACH		
BANQUET TICKETS _____ @ \$40.00 EACH		
18 & UNDER BADGE _____ @ \$10.00 EACH		
<b>** Pre-Registration is Non-Refundable</b> _____	<b>TOTAL \$\$ ENCLOSED</b>	_____

Make Checks Payable To: Arkansas Fair Managers Association / Return form to: AFMA, 10757 St. Hwy. 54 E., Star City, AR 71667  
 INFORMATION CONTACT: CAROLYN WYNN – (870) 534-4055 or (870) 628-6943