



**2024 Summer Conference**  
**Sloan Convention Center/Holiday Inn University Plaza**  
**1021 Wilkinson Trace Boulevard**  
**Bowling Green, Kentucky 42103**  
**Monday June 3, 2024 – Friday June 7, 2024**

**Sponsorship Company Information**

*Complete company name, address etc. exactly as it should appear in all KJA publications.*

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Contact Information**

Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**SPONSORSHIP Opportunity**

☐ **Platinum \$5000 and up**

Includes (1) free prime booth and prime space, one additional representative, multiple company signs throughout the conference area and at the registration desk, company featured in the conference booklet.

☐ **Gold \$4000-\$4999**

Includes prime booth space, multiple company signs throughout the conference area and at the registration desk.

☐ **Silver \$3000-\$2999**

Includes prime booth space, company recognized in conference booklet and group sign at all entrances.

☐ **Bronze \$2000-\$1499**

Includes company name in conference booklet and group sign at all entrances.

**Sponsorships included but not limited to hospitality rooms, entertainment, morning coffee, banquet dinner, and afternoon snacks. You will be contacted once your sponsorship form has been received to work out details.**

**Additional Conference Information Please Contact:**

Renee McDaniel, Executive Director  
(859) 621-6498 or kyjailers@gmail.com

**Return form and payment to:**

Kentucky Jailers Association  
601 Central Avenue  
Newport, KY 41071

*Please make check payable to Kentucky Jailers Association.*

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____			
Cardholder ZIP Code (from credit card billing address): _____			

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_