

**2024 Fall Conference**

**Northern Kentucky Convention Center**

**Monday, October 14, 2024 – Thursday, October 17, 2024**

**1 West Rivercenter Boulevard**

**Covington, KY 41011**

**June 5-8**

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: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX  □ Other |
| Cardholder Name (as shown on card): |
| Card Number: CVV\_\_\_\_\_\_\_\_\_\_\_ |
| 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