

**2024 Fall Conference**

**Northern Kentucky Convention Center**

**1 West River Center Boulevard**

**Covington, KY 41011**

Exhibitor Set Up: **Monday, October 14** 9:00 A.M. – 1:00 P.M.

Exhibitor Hours: **Monday, October 14** 2:00 P.M. – 6:00 P.M.

 *President’s Welcoming Reception 5:00 pm- 6:00 pm Vendor Hall*

 **Tuesday, October 15**  11:30 A.M. – 2:00 P.M.

  *11:30 A.M. - 1:00 P.M. Exhibitor Appreciation Luncheon*

**Wednesday, October 16** 11:00 A.M. – 2:00 P.M.

*11:30 A.M. - 1:00 P.M. Exhibitor Appreciation Luncheon*

 *Exhibitor Give Away at 1:00 P.M.*

PLEASE READ: The Exhibitor Booth Rental Fee includes conference registration, meals, and admission to all conference functions ***for one (1) company representative***. Booths will consist of one skirted top exhibitor table, two (2) chairs, and one (1) name sign. All vendors ***MUST CHECK IN*** at the registration desk before entering the vendor hall.

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| **Registration**  | **Quantity** | **Total** |
| \*□ Exhibitor Booth $650.00 (one representative included)  |  |  |
| \*□ Additional Representative $150.00 |  |  |
| \*□ CHECK □ CREDIT CARD Total Amount |  |  |

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

Representative(s) Name (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you need electricity for your booth? YES or NO (circle one)

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Additional Conference Information Please Contact:**Renee McDaniel, Executive Director(859) 621-6498 or kyjailers@gmail.com.Hotel Reservations and Conference Information available at <https://book.passkey.com/e/50858915> | **Return form and payment to:**Kentucky Jailers Association601 Central AvenueNewport, 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 canceled**.

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| **Credit Card Information** |
| Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX□ Other |
| Cardholder Name (as shown on card): |
| Card Number: |
| Expiration Date (mm/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV\_\_\_\_\_\_\_\_\_\_\_ |
| 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