



2025 Fall Conference Vendor Registration

Holiday Inn and Sloan Convention Center
1021 Wilkinson Trace
Bowling Green, KY 42103
Monday, October 13 – Thursday, October 16

Exhibitor Booth Rental Fee includes conference registration, meals, and admission to all conference functions for one (1) company representative. Booths will include one skirted top exhibitor table, and two (2) chairs. Booths are 10 x 10.

**Monday, October 13: 10:00 am - 1:00 pm Vendor Move In
2:00 pm - 4:00 pm Vendor Booths Open
VENDOR DINNER NIGHT**

**Tuesday, October 14: 10:00 am 2:00 pm Vendor Halls Open
12:00 pm- 1:00 pm Lunch in the Vendor Hall**

**Wednesday, October 15: 10:00 am – 1:00 PM Vendor Hall Open
12:00 pm – Vendor Giveaways**

Registration	Quantity	Total
* <input type="checkbox"/> Exhibitor Booth \$850.00 (one representative included)		
* <input type="checkbox"/> Additional Representative \$200.00		
<input type="radio"/> Check <input type="radio"/> Credit Card	Total Amount:	

Company Name: _____

Representative Name: _____

Additional Representative Names: _____

Company Billing Address: _____

Email Address: _____ **Phone Number:** _____

**Please contact Renee McDaniel with any questions.
(859) 621-6498 or kyjailers@gmail.com.**

Hotel Reservations and Conference Information available at:
[LINK TO HOTEL RESERVATIONS](#)

This form may be emailed with the attached credit card authorization form. If you are paying by check, please make checks payable to the Kentucky Jailers Association and mail to:

Mason County Detention Center

ATTN: KJA

702 US Highway 68

Maysville, KY 41056

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):	_____ CVV _____
Cardholder ZIP Code (from credit card billing address):	_____

I authorize **the Kentucky Jailers Association** to charge my credit card above for the agreed-upon purchases and associated credit card fees. I understand that my information will be saved to a file for future transactions on my account.

Customer Signature

Date