

**THURSDAY ONLY REGISTRATION**

Embassy Suites Little Rock  
 Thursday, May 16, 2019

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**ATTENDEE NAME:**

(as it would appear on badge)

**Summit  
(\$225)**

- |       |                          |
|-------|--------------------------|
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |

**TOTALS:** \_\_\_\_\_

Total Thursday Only Attendees			X \$225 =	
Attendees cancelling before April 15, 2019 will receive a refund of their fees, less a non-refundable \$100 deposit. No refunds will be issued after this date.		<b>TOTAL DUE:</b>	=	

- Pay by check (Payable to ACTS) Mail to: PO Box 644, Conway AR 72033
- Pay by credit card (Enter information or register online at [www.arkansas.damagepreventionsummit.com](http://www.arkansas.damagepreventionsummit.com))

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on card \_\_\_\_\_

Billing address (if different from above) \_\_\_\_\_

Charge will show as **ACTS NOW** on statement