

Complete and return this form with payment by Feb. 15, 2022, or register on-site. Mail to: AGLC c/o Holly Anderson 8722 Community Road Little Rock, AR 72209 OR email to: hollylanderson430@gmail.com

CONTACT INFORMATION

REGISTRATION FORM

Name:		
Phone:		
Business/Occupation: _		
Briefly describe your ope	ration:	
	iion options this year: dard conference registration for \$40. nember for \$35 and recieve a compliment	ary conference registration.
How would you like to re	egister?	
Standard Conference AGLC Membership I	ce Registration Fee: \$40 Dues: \$35 (includes complimentar	y conference registration)
Total Amount Enclosed:	I will pay	on-site at registration
Which conference location	on do you plan to attend?	Payment Method:
March 2 - Hope, AR		Check
March 3 - Dardanelle, AR		Cash
March 4 - Batesville	, AR	Credit Card
*FOR STAFF ONLY	CC#:	
PPOCESSED:		Exp.: