



Arkansas State Conference 79th Arkansas State Convention

Doubletree Hotel by Hilton
424 W Markham St, Little Rock, AR 72201

September 20-21, 2024

Meet & Greet Mixer & Exhibitor Showcase September 19th, 2024

OFFICIAL REGISTRATION FORM

PRE-REGISTRATION DEADLINE August 15, 2024

Unit Name: _____ Unit Number: _____ # of Delegates _____

Individual Registration non-delegate Name: _____ # of Alternates _____
of Observers _____

Unit Type (Check One): Adult Branch Youth Council College Chapter

If individual, registration type: Adult Youth Council College

REGISTRATION FEES

	Advance Registration (On or before August 15)	Late Registration (After August 15-Sept 5)	Amount
Adult Branch Registration	How many ____ @\$50	How many ____ @\$55	\$
Youth & College Registration	How many ____ @\$20	How many ____ @\$25	\$
SUBTOTAL			\$
Ticketed Events	Early Bird	After 8/15-9/5/2024	Amount
Dr. Jerry Jewell Freedom Fund Banquet (Friday)	\$75.00 each How many ____	\$100.00 each How many ____	
L.C. & Daisy Bates Power Luncheon (Saturday) Hosted in part by Youth, College and Young Adult	\$40.00 each How many ____	\$40.00 each How many ____	

Is your unit also paying individual registration(s) for attendee(s) from your unit? ____ Yes ____ No

IF YES, LIST THE NAMES OF EACH ATTENDEE ON THE ADDITIONAL SHEET. THIS WILL ALSO BE USED FOR T-SHIRT SALES (See additional sheet to include names)

TOTAL AMOUNT ENCLOSED IF DIFFERENT FROM SUBTOTAL, ticket events and t-shirts

Make checks payable to: Arkansas State Conference

Dr Mary Liddell-Treasurer PO Box 165318 Little Rock, AR 72216 email asctreasurer5@gmail.com

FOR INFORMATION: CONTACT DR. FRANSHA ANDERSON-CONVENTION PLANNING CHAIR @

NAACPOFFICER@GMAIL.COM OR 501-580-9417

\$

IMPORTANT! All individuals who attend conference NAME must appear on branch registration OR as individual registration. If individual paying for their own, the check can be written to branch to send in one payment

UNIT ATTENDEES

NAME OF BRANCH _____

PLEASE PRINT LEGIBLY

IF ANY UNIT MEMBER IS PAYING THEIR OWN FEES. THAT FEE CAN BE GIVEN TO THE UNIT TO WRITE ONE CHECK IF INDIVIDUAL CHOOSES TO DO SO

NAME OF ALL ATTENDEES	Indicate which one D=Delegate A=Alternate O=Observer	FF TICKET \$75 BEFORE AUGUST 15 \$100 AFTER TIL 9/5	LUNCHEON TICKET \$40 UNTIL SEPT 5	ORDERING T-SHIRT If you answered Yes. Please include the size (Adult size is Small , Med, Large, XL, XXL, 3XL, 4XL) Example: Peggy Jones -Small
Number of Delegates →				
Number of Alternates →				
Number of Observers →				
Total of attendees →				

COMMITTEE/TREASURER USE ONLY CHECK RECEIVED FOR REGISTRATIONS ON DATE _____ INCLUDED _____ TICKETS FOR FF AND _____ TICKETS FOR LUNCHEON \$ _____ FOR TSHIRTS (SEE ADDITIONAL FORM FOR ORDER) _____

COPY RECEIVED BY COMMITTEE CHAIR TO DISSEMINATE TO LEADS ON _____ DATE COPY TO SECRETARY _____

T-shirt order form

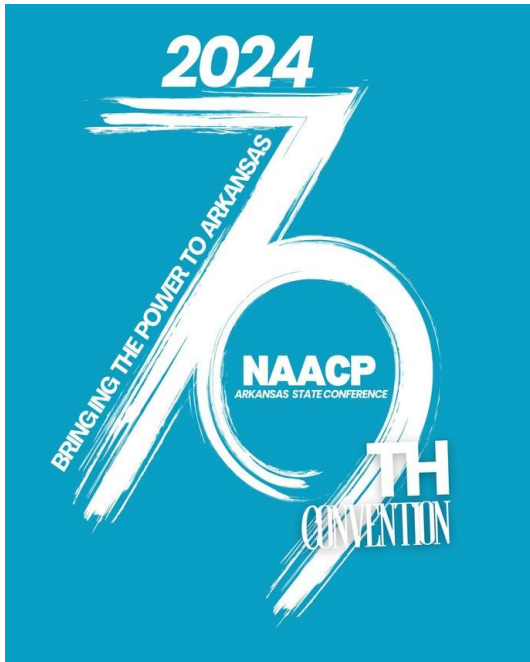
Branch Name _____

Contact

picking up shirts _____ email _____

Before the order is placed an email will be sent to verify the total number of shirts and the amount that was received. Any discrepancies will be mentioned in the email.

Please make sure that your members know that we will release the order to the person designated only. It will help the committee and finance keep better records. All shirts will come labeled with branch name/person's name The same form in this packet turned in for attendees/delegates will be utilized by the team who labels the shirts. Shirts will be available upon check-in and the person above will be notified as to where the shirts can be picked up. Deadline for pre orders is AUGUST 15TH. Price of shirts is \$15 for Adult Small – 1X and \$17 for 2X and 3X If a Child size is needed, the price for all sizes is \$15



	Adult	Price	Qty	
<input type="radio"/>	S			
<input type="radio"/>	M			
<input type="radio"/>	L			
<input type="radio"/>	1X			
<input type="radio"/>	2X-			
<input type="radio"/>	3X			

For committee/treasurer Use ONLY

Date order received _____

Qty of shirts verified by _____

Total cost of shirt order verified and received by _____

Funds for t-shirts accounted for with registration check # _____ or CC pmt _____

Funds for t-shirts received as a different payment method _____

Branch Please complete info below

Qty of shirts _____

Total cost of shirt order _____

Did you include the total of the shirts in with registration on the first page? yes _____ no _____

If you answered no, please indicate if payment will be separate. Payment will be separate by deadline of August 15th.

HOTEL INFORMATION

ALL ROOMS ARE \$139

Rooms can be booked at the group rate until 08/20/2024 or until the block is sold out.

For your group room block, guests can access the discounted rate by using the link pasted below or following the step-by-step directions:

<https://www.hilton.com/en/book/reservation/deeplink/?ctyhocn=LITMBDT&groupCode=CDT932&arrivaldate=2024-09-19&departuredate=2024-09-22&cid=OM,WW,HILTONLINK,EN,DirectLink&fromId=HILTONLINKDIRECT>

Step by Step Directions:

1. Go to doubletreelr.com
2. Enter arrival/departure dates
3. Click the "Special Rates" box
4. Enter "932" in the Group Code box
5. Click the "Check Rooms & Rates" box. The group rate of \$139.00 per night is available for Standard King and Double Queen rooms.

Guests can also call 1-800-HILTONS and reference **the Arkansas State NAACP**

room block to receive the discount.

UNIT FRIENDLY REMINDER Double check registration for accuracy
please!

SAVE YOUR DOCUMENTS AND PLEASE EMAIL TO:

Dr. FranSha Anderson naacpofficer@gmail.com

Dr. Mary Liddel-Treasurer Asctreasurer5@gmail.com

Your invoice will be generated so that you can pay online

OR you can mail it in with the printed registration forms, invoice and
check.

Thank you!

