

## **Sponsor/Exhibitor Registration Form**

We look forward to your participation in changing what it means to be blind.

Please mail this form with payment to:

National Federation of the Blind of Arkansas

P.O. Box 3441

Bentonville, AR 72712

Or electronic payment to:

Square

<https://nfb-ofarkansas.square.site>

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

**Sponsor/Exhibitor Representative:**

\_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Website:** \_\_\_\_\_

<b>Total Amount:</b>	\$
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