



**16th Annual  
COMMUNITY ENGAGEMENT CONFERENCE  
March 1, 2025**

**EXHIBITOR BOOTH & REGISTRATION**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Name of person filling out this form)*

Organization: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Contact Name (if different): \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

\_\_\_\_\_ Table(s) **1 included with sponsorship** (additional tables - \$50/each) \$ \_\_\_\_\_

\_\_\_\_\_ Table(s) Exhibitor only \$ \_\_\_\_\_

\_\_\_\_\_ Table(s) Exhibitor requesting waiver of fee

\_\_\_\_\_ *I would not be able to attend if I was required to pay an exhibitor fee.*

\_\_\_\_\_ Internet access code (through WMMS)

\_\_\_\_\_ **Electricity access needed (Spaces limited and MUST be requested on this form, any requests made the day of the conference will not be accepted.)**

Total Due: \$ \_\_\_\_\_ Check enclosed: \_\_\_\_\_ Please invoice me: \_\_\_\_\_

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**EXHIBITOR REGISTRATION**

***All exhibitors must be listed on this form including contact information. Separate registration for exhibitors is not required. Sponsors receiving 1 free table should register all staff working at their table need to with this form. All other attendees from your organization should complete a separate form.***

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Lunch: Yes \_\_\_\_\_ No \_\_\_\_\_ Regular \_\_\_\_\_ Gluten Free \_\_\_\_\_ Vegetarian \_\_\_\_\_ Vegan \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Lunch: Yes \_\_\_\_\_ No \_\_\_\_\_ Regular \_\_\_\_\_ Gluten Free \_\_\_\_\_ Vegetarian \_\_\_\_\_ Vegan \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Lunch: Yes \_\_\_\_\_ No \_\_\_\_\_ Regular \_\_\_\_\_ Gluten Free \_\_\_\_\_ Vegetarian \_\_\_\_\_ Vegan \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Lunch: Yes \_\_\_\_\_ No \_\_\_\_\_ Regular \_\_\_\_\_ Gluten Free \_\_\_\_\_ Vegetarian \_\_\_\_\_ Vegan \_\_\_\_\_

*Please make checks payable to: Adair County SB40 DD Board and mail with this form to 314 E McPherson, Kirksville, MO 63501. If you have questions, please contact 660-665-9400. Thank you!*

**Early bird registration and payment must be submitted no later than December 31, 2024.**

**Registration for exhibitor tables will close on January 31, 2025.**



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|   |         |          |
|---|---------|----------|
| Keynote Address Sponsor                       | \$2,750 | \$ _____ |
| Lunch Sponsor                                 | \$1,750 | \$ _____ |
| Breakout Room Sponsor (5 available)           | \$ 500  | \$ _____ |
| Conference Promotions, Folders & Printing     | \$ 350  | \$ _____ |
| Registration Expenses                         | \$ 250  | \$ _____ |
| Other (Please indicate your preference) _____ |         | \$ _____ |

*If you are interested in a sponsorship opportunity that does not appear above or if you would like to co-sponsor with another organization, please contact Katy Kaestner, 660-665-9400.*

Name: \_\_\_\_\_ Contact Person (if different): \_\_\_\_\_

Organization: \_\_\_\_\_

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

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Total Due: \$ \_\_\_\_\_ Check enclosed: \_\_\_\_\_ Please invoice me: \_\_\_\_\_

*Please make checks payable to: Adair County SB40 DD Board and mail with this form to 314 E McPherson, Kirksville, MO 63501. If you have questions, please contact 660-665-9400. Thank you!*

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## **SPONSORED DOOR PRIZE**

Name: \_\_\_\_\_ Contact Person (if different): \_\_\_\_\_

Organization: \_\_\_\_\_

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

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Sponsored Prize(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***All door prize donations should be delivered to:***

Adair County SB40 Main Office  
314 East McPherson St  
Kirksville, MO 63501

***Sponsorships and donations must be received no later than December 31, 2024. If you have questions, please contact 660-665-9400. Thank you!***