Arkansas Chiropractic Society

# POSTGRADUATE & CONTINUING EDUCATION

# 2025

## VENDOR APPLICATION

**Name of Company:**_____

**Name of Site Representative:**_____

**Mailing Address/City/State/Zip:**_____

**Email:**_____

**Website:**_____

## OPTION 1

Please enclose the annual fee of $600. This fee will cover website and newsletter advertisements and the vendor exhibition booth fee at all Arkansas Chiropractic Society sponsored seminars for the year.

## OPTION 2

Please enclose $300 for an individual vendor exhibition booth fee that will cover one Arkansas Chiropractic Society sponsored seminar.

**Mail the application and applicable fee to the following address:**

**Arkansas Chiropractic Society, PO Box 10213, Fort Smith, AR 72917**

**You may either forward a hardcopy of your advertisement to the above address, or you may email your file to acsexecsec@cox.net.**

ARCHIROSOCIETY.COM

ANY QUESTIONS, PLEASE CONTACT ACS EXECUTIVE DIRECTOR, PAULETTE KAELIN

**479.806.1138**