



HIT THE TARGET



SCHEDULE OF EVENTS

TUESDAY - SEPTEMBER 22, 2015

Country Club of Arkansas *Event Center* ~ Maumelle, Arkansas

8:30 AM CONTINENTAL BREAKFAST - Gather for a continental

breakfast and to visit with industry peers and members.

9:00 AM MEETINGS - During the meeting you will hear

information dealing with our industry at the local and

national level.

12:00 PM CHAIRMAN'S LUNCHEON - During the Chairman's

Luncheon, you'll be able to visit with other industry members.

1:00 PM GOLF TOURNAMENT - The Annual AGRMA 4 Person

Golf Scramble will be played at Country Club of

Arkansas - one of the area's most popular golf courses.

DRESS CODE

CASUAL/BUSINESS ATTIRE Is Appropriate For ALL Events
Golfers must wear collared shirts, slacks or Bermuda length shorts, no denim, short shorts or tank tops.

Spike-less golf shoes are preferred

HOTEL INFORMATION

Crowne Plaza – Little Rock

201 S. SHACKLEFORD ~ LITTLE ROCK AR 72211

AGRMA has received a special rate for rooms for September 21. Room Rate is \$89.00. Reservations may be made by clicking this link http://tinyurl.com/AR-Grocer

Or call the Reservation Line at 1-501-223-3000





CONVENTION SPONSORSHIP PLEDGE FORM

ARKANSAS GROCERS AND RETAIL MERCHANTS ASSOCIATION

ANNUAL MEETING & GOLF TOURNAMENT

SEPTEMBER 22, 2015

COUNTRY CLUB OF ARKANSAS EVENT CENTER AND GOLF COURSE

My company would like to sponsor an event or function at the upcoming AGRMA Meeting. I understand that as an event sponsor, my company will receive special recognition at the meeting or golf tournament we have agreed to support.

SPONSORSHIP AMOUNT:

[] 'SHARPSHOOTER' Sponsor = \$3000 & UP	AMOUNT: \$
[] 'MARKSMAN' Sponsor = \$1,000 & UP	AMOUNT: \$
[] 'NOVICE' Sponsor = \$300 & UP	AMOUNT: \$
[] 'BEGINNER' Sponsor = \$150 & UP	AMOUNT: \$
CONTACT:	
COMPANY:	
ADDRESS:	
CITY:	STATE: ZIP:
PHONE:	FAX:

RETURN THIS FORM WITH YOUR CHECK MADE PAYABLE TO:



AGRMA * 1123 S. University - Suite 718 * Little Rock, AR 72204 Fax 501-664-6099

Or Call the office to pay by credit card 501-664-8680





AGRMA



ANNUAL MEETING AND GOLF TOURNAMENT

REGISTRATION FORM

DDRESS:		
NAME OF ATTENDEES FOR N	MEETING AND LUNCHEON	
(PRINT NAMES AS YOU WISH THEM	TO APPEAR ON NAME BADGES)	
GOLF TOURNAMEN	T REGISTRATION	
	3	
	4	
REGISTRATI	ION FEES:	
# OF ATTENDEES	AMOUNT EACH	<u>TOTAL</u>
Breakfast, Meeting and Lunch	@ \$ 20.00	\$
Golf Registration per person	@ \$ 125.00	\$
(Golfer's fee includes Breat TOTAL AMOUNT ENCLOS	akfast, Meeting and Luncheon) SED:	\$
RETURN THIS FORM WITH YOUR	O CHECK MADE DAVARI E TO:	



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