

SPRING COUNCIL REGISTRATION

“Gather Together in ESA”

March 11, 2023

Hilton Garden Inn Conway, Phone: 501-329-1444
805 Amity Rd, Conway, AR 72032



Registration = \$30

Saturday Schedule –

10:00 SERC Meeting and credentials hand out

10:30 – 11:00 Registration/Check-in

11:00 – 1:00 Leadership

1:00 – 2:00 Lunch

2:00 – 4:00 Meeting

4:00 – 5:30 Social (Optional – Get to know you games, fun times together)


6:00 pm – Dinner if anyone wants to stay and hang out

*meeting times are approximate

Registration deadline is March 1st

<p>Please mail your registration form and payment to:</p> <p>Please make check payable to: AR State Council ESA</p>	<p>Meghan Good 1600 Phyllis St Apt 1005 Bentonville, AR 72712</p>
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<p>Sign Up and Pay Electronically</p> <p>Register online at: https://forms.gle/wtYBGdvg4PGuEpRL6</p>	<p>Pay using your debit card with Cash App: \$arkansasstatecouncil</p>  <p>Arkansas State Council ESA Scan to pay \$arkansasstatecouncil</p>
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Important Notes

Paper/Electronic: Please note whether you would prefer a paper program to have at Fall Council or an electronic copy that will be available Saturday morning via QR code.

Social/Dinner: Our social Saturday night is optional. We'll be grabbing dinner somewhere and watching the Razorback game. If you'd like to stay in town, we have a room block available. Dinner is NOT included in the registration cost.

Meals: Lunch will be provided by the hotel. If you have special dietary restrictions, please make a note below.

Hotel Reservations: Hilton Garden Inn Conway, Phone: 501-329-1444, 805 Amity Rd, Conway, AR 72032

Double/Queen Room Rate: \$124.00

King Room Rate: \$124.00

Mention ESA when making reservations to receive our room rate.

<https://www.hilton.com/en/book/reservation/deeplink/?ctyhocn=LITCWGI&groupCode=ESA&arrivaldate=2023-03-10&departuredate=2023-03-12&cid=OM,WW,HILTONLINK,EN,DirectLink&fromId=HILTONLINKDIRECT>

*There are only a few rooms in our block, please let me know if there are any issues and if we need to add rooms again.

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Chapter Name & City _____

Name of Attendee	Saturday Lunch/Meeting	Saturday Opt. Social	Total	Paper/ Electronic
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Dietary Restrictions:
