2026 Quality Asphalt Paving Conference

JANUARY 8 - 9, 2026 (Thursday & Friday)

Embassy Suites Little Rock

Vendors

REGISTER ONLINE at www.arasphalt.com **Deadline: December 26, 2025**

Vendor Registration Information

Exhibit spaces include 6-foot tabletops for product display. The tabletops will be available on a first-come basis and will be located in the foyer and break room for maximum exposure. *Includes one Conference registration. Additional registrations are $255 each.*

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Email/Phone: _____

☐ Lunch Thursday?

To register additional individuals, please list complete names here:

2. _____ ☐Lunch Thurs?

3. _____ ☐Lunch Thurs?

4. _____ ☐Lunch Thurs?

Lunch numbers must be turned in by December 30. If you register after that date, we cannot guarantee there will be a lunch for you.

Vendor Tabletop Exhibit @**$450 each** = $ _____

Additional registrants _____ **x $255** = $ _____

Late Fee (if after Dec. 26)

Total # of registrants _____**x $15** = $ _____

Registration Total = $ _____

Sponsorship Opportunities

All sponsors will have their company name appear on the agenda, on the website, & on event signage.

☐ **Gold ($1,500)**

☐ **Silver ($1,000)**

☐ **Bronze ($500)**

Important Information

Booths are first-come, first-served. Floor plan will not be changed after booth is assigned.

Let the AAPA office know as soon as possible if you will need electricity.

Vendor floor plan and additional information will be emailed 2 weeks prior to the conference.

Hotel Information

The Embassy Suites is located at 11301 Financial Centre Pkwy. in Little Rock. Reservations should be made by calling 1-800-EMBASSY or by using the link on the AAPA website. Mention you are with the AR Asphalt Pavement Association in order to get the special room rate. **Room block will be held until December 10, 2025.**

TOTAL AMOUNT OWED: $_____

Payment Options

☐ Bill Me

☐ Check (made payable to AAPA) #_____

☐ *CC #: _____-_____-_____-_____ Exp Date: _____ CVV (3 #'s on back of card) _____

Name on Card: _____ Signature: _____

Signature recognizes that you understand all attendee policies and requirements.

** A convenience fee of 4% of the total will be applied to credit card transactions.*

Mail Form with Payment to: PO Box 24304, Little Rock, AR 72221 OR Email to office@arasphalt.com