

# NARRC and NCOSAFP 2026 JOINT ANNUAL MEETING

## Rogers, Arkansas

### SEPTEMBER 26-30, 2026



### STATE REGISTRATION FORM

(PLEASE COMPLETE AN INDIVIDUAL REGISTRATION FORM FOR EACH DELEGATE AND GUEST)

STATE ORGANIZATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone / Cell: \_\_\_\_\_ Email: \_\_\_\_\_

ATTENDEE'S NAME:	SAT TOUR	DELEGATE	GUEST
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL ENCLOSED: \_\_\_\_\_

Make Checks Payable to:  
Arkansas Rural Endowment Fund  
1306 West 4th Street  
Little Rock, AR 72201

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## Rogers, Arkansas

### SEPTEMBER 26-30, 2026



### INDIVIDUAL REGISTRATION FORM

(A SEPARATE REGISTRATION FORM IS REQUIRED FOR EACH DELEGATE AND GUEST)

Name: \_\_\_\_\_

Organization (select both or one) \_\_\_\_\_ NARRC \_\_\_\_\_ NCOSAFP State: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone / Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Delegate \_\_\_\_\_ Guest

Name of Guest or Delegate Traveling With: \_\_\_\_\_

#### EVENTS: (Please Check All Events That You Plan to Attend)

**SATURDAY:** \_\_\_\_\_ Optional Tour

**SUNDAY:** \_\_\_\_\_ President's Reception

**MONDAY:** \_\_\_\_\_ Breakfast \_\_\_\_\_ Delegate Lunch \_\_\_\_\_ Guest Tour \_\_\_\_\_ Banquet

**TUESDAY:** \_\_\_\_\_ Breakfast \_\_\_\_\_ Delegate / Guest Tour and Lunch

**WEDNESDAY:** \_\_\_\_\_ Breakfast

List Any Special Dietary  
Requests Below:

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

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Delegate: \$350      Guest: \$150      Optional Tour: \$150