

Clarksville-Johnson County Chamber of Commerce  
479-754-2340 clarksville@clarksvillearchamber.com

## **“WELCOME TO JOHNSON COUNTY AND ARKANSAS” Program**

### **PARTICIPATION FORM**

COMPANY

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT

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

PHONE

NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL

ADDRESS: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

I WOULD LIKE A COPY OF THE ARKANSAS VIDEO: YES \_\_\_\_\_ NO

\_\_\_\_\_

DESCRIPTION OF ITEM/CERTIFICATE FOR ANNUAL DRAWING:

\_\_\_\_\_

\_\_\_\_\_

**Yes, I would like to participate**

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PRINT NAME

Title

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AUTHORIZED SIGNATURE

Date