

GAMES Spring Meeting

April 27, 2010
Macon Marriott City Center
Macon, GA



Georgia Association of
Medical Equipment Suppliers

Sponsor / Exhibitor Registration Form

Sponsor Company Name

Contact Name (1st attendee)

Email

Contact Name (2nd attendee)

Email

Address

City

State

Zip

Phone

Fax

Web

Basic Package - Six-foot exhibit table and 2 personnel

- Basic Package - GAMES Member \$349.00
 Basic Package - Non-member \$449.00
 Additional exhibit personnel \$69.00 *name & email _____

Additional Sponsorship

- Lunch sponsor \$1,000
 Break sponsor \$350
 Create your own! \$_____ (you will be contacted to discuss)

Payment Method:

- Check Ck # _____
 Visa Mastercard American Express

Card #

Security code

Name on card

Exp. Date

Authorized signature

Date

rules & regulations:

Exhibitor agrees to abide by regulations established by the association and the facility regarding being a "good neighbor" and respecting the property.

cancellation policy:

Cancellations prior to Friday, April 9, 2010 are subject to a \$75 cancellation fee. No refunds will be given after this date.