



Georgia Association of
Medical Equipment Suppliers

GAMES Annual Convention
August 1-3, 2010
Savannah, Georgia

Exhibitor Registration Form

Exhibiting Company Name _____

1st Representative Name _____

Email _____

2nd Representative Name _____

Email _____

Address _____

City _____

State _____

Zip _____

Phone _____

Fax _____

Web _____

	GAMES Member		Non-Member	
	Before 07/01/10	After 07/01/10	Before 07/01/10	After 07/01/10
6 ft. exhibit table	<input type="checkbox"/> \$595	<input type="checkbox"/> \$650	<input type="checkbox"/> \$750	<input type="checkbox"/> \$805
Golf (open to all level players)*	<input type="checkbox"/> \$119 x _____		<input type="checkbox"/> \$119 x _____	
Casino Party & River Bash	<input type="checkbox"/> \$89 x _____		<input type="checkbox"/> \$95 x _____	
Additional exhibit personnel	<input type="checkbox"/> \$110 x _____		<input type="checkbox"/> \$110 x _____	
Total			\$ _____	

* Must be a registered exhibitor or attendee

Additional personnel: name _____

email: _____

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, July 2, 2010 are subject to a \$75 cancellation fee. No refunds will be given after July 2.

Mail or fax to:

Georgia Association of Medical Equipment Suppliers ▲ 3605 Sandy Plains Rd ▲ Suite 240-470 ▲ Marietta ▲ GA ▲ 30066
Ph: 770-578-3999 ▲ Fax: 770-578-3399 ▲ www.gameshme.org