



Georgia Association of
Medical Equipment Suppliers

August 1-3, 2010
The Westin Savannah Harbor
Savannah, Georgia

GAMES Annual Convention

| | GAMES Member | | Non-Member | |
|-------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| | Before 07/16/10 | After 07/16/10 | Before 07/16/10 | After 07/16/10 |
| Full Conference— 1st attendee | <input type="checkbox"/> \$325 | <input type="checkbox"/> \$355 | <input type="checkbox"/> \$450 | <input type="checkbox"/> \$490 |
| Full Conference— 2nd attendee | <input type="checkbox"/> \$295 | <input type="checkbox"/> \$295 | <input type="checkbox"/> \$450 | <input type="checkbox"/> \$490 |
| Full Conference— 3rd attendee | <input type="checkbox"/> \$275 | <input type="checkbox"/> \$295 | <input type="checkbox"/> \$450 | <input type="checkbox"/> \$490 |
| Full Conference— 4th attendee | <input type="checkbox"/> \$255 | <input type="checkbox"/> \$295 | <input type="checkbox"/> \$450 | <input type="checkbox"/> \$490 |

Additional Optional Items

| | | |
|-----------------------------------|---|---|
| Spouse/Guest Exhibits Only | <input type="checkbox"/> \$85 | N/A |
| Golf (open to all level players)* | <input type="checkbox"/> \$119 x _____ (no. of players) | <input type="checkbox"/> \$119 x _____ (no. of players) |
| Casino Party & River Bash Tickets | <input type="checkbox"/> \$89 x _____ (no. of tickets) | <input type="checkbox"/> \$95 x _____ (no. of tickets) |
| Total | \$ _____ | \$ _____ |

* Must be registered to attend the conference

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ GAMES member? Yes No

Name of attendee(s)

Email address

| | |
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| | |
| | |
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| | |

Name of spouse/guest (if registered - \$85): _____

Payment Method:

Check Ck # _____ Visa MasterCard American Express

Card # _____ Security code _____

Name on card _____ Exp. Date _____

Authorized signature _____ Date _____

Cancellation/Substitution Policy: Cancellations prior to Friday, July 2, 2010 are subject to a \$25 cancellation fee. No refunds will be given after July 2. Substitutions are allowed.

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