



Georgia Association of  
Medical Equipment Suppliers

# GAMES Traveling Reimbursement Workshop December 2009

## Registration Form

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ GAMES member? Yes No

**Please select:**

\_\_\_\_\_ Eatonton / December 1

\_\_\_\_\_ Columbus / December 2

\_\_\_\_\_ Adairsville / December 3

Registrant Name	Email address	Member Company		Non -Member Company
		1 <sup>st</sup> attendee	2 <sup>nd</sup> or more*	
		<input type="checkbox"/> \$169		<input type="checkbox"/> \$219
			<input type="checkbox"/> \$149	<input type="checkbox"/> \$219
			<input type="checkbox"/> \$149	<input type="checkbox"/> \$219
			<input type="checkbox"/> \$149	<input type="checkbox"/> \$219

\* must attend event in the same city to qualify for discount

Total: \_\_\_\_\_

Payment Method:

Check Ck # \_\_\_\_\_

Visa Mastercard American Express

Card # \_\_\_\_\_ Security code (from back of card) \_\_\_\_\_

Name on card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

**Registering for this conference indicates that you understand and accept the cancellation policy below.**

**Cancellation/Substitution Policy**

Cancellations prior to Friday, November 20, 2009 are subject to a \$25 cancellation fee. No refunds will be given after November 20, 2009. 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