



Georgia Association of  
Medical Equipment Suppliers

January 25, 2010  
Doubletree Atlanta NW  
Atlanta, GA

## Georgia Rehab Technology Council

at the GAMES Winter Meeting

### Registration Form

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

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

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

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

Name	Email address	Member Company	Non -Member Company
		<input type="checkbox"/> \$119	<input type="checkbox"/> \$219
		<input type="checkbox"/> \$89	<input type="checkbox"/> \$219
		<input type="checkbox"/> \$89	<input type="checkbox"/> \$219

GAMES member – sponsored therapist

Name	Email address
	<input type="checkbox"/> \$89
	<input type="checkbox"/> \$89
	<input type="checkbox"/> \$89

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 / substitution policy below:**  
Cancellations prior to Friday January 8, 2010 are subject to a \$25 cancellation fee. No refunds will be given after January 8, 2010. 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