

Georgia Rehab Technology Council Winter Meeting

January 25, 2010
Doubletree Hotel NW
Atlanta, 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

- GAMES Member \$175.00
- Non-member \$275.00
- Additional person \$69.00

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 (from back of card)

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, January 8, 2010 are subject to a \$75 cancellation fee. No refunds will be given after this date.

Mail or fax form 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 ▲ Email: teresa@gameshme.org ▲ www.gameshme.org