



Georgia Association of
Medical Equipment Suppliers

January 26, 2010
Doubletree Atlanta NW
Atlanta, GA

GAMES Winter Meeting Survivor Series Conference

Registration Form

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ GAMES member? Yes No

Name	Email address	Member Company		Non - Member Company
		1 st attendee	2 nd or more	
		<input type="checkbox"/> \$199		<input type="checkbox"/> \$279
			<input type="checkbox"/> \$179	<input type="checkbox"/> \$279
			<input type="checkbox"/> \$179	<input type="checkbox"/> \$279

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 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 Services
3605 Sandy Plains Rd ▲ Suite 240-470 ▲ Marietta ▲ GA ▲ 30066
Ph: 770-578-3999 ▲ Fax: 770-578-3399 ▲ www.gameshme.org