



GAMES / GRTC Winter Meeting
February 12, 2019
 Atlanta, GA



Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ GAMES member? Yes No

Name	Email address	Member Company		Non - Member
		1 st person	Additional persons	
		<input type="checkbox"/> \$199		<input type="checkbox"/> \$299
			<input type="checkbox"/> \$179	<input type="checkbox"/> \$299
			<input type="checkbox"/> \$159	<input type="checkbox"/> \$299

CRT CEU Education Only

Name	Email address	Rehab CEU
		<input type="checkbox"/> \$109
		<input type="checkbox"/> \$109
		<input type="checkbox"/> \$109

Total: _____

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 Monday January 14, 2019 are subject to a \$75 cancellation fee. No refunds will be given after January 14, 2019. Substitutions are allowed.

Mail or fax to:

Georgia Association of Medical Equipment Suppliers
 3605 Sandy Plains Rd ▲ Suite 240-470 ▲ Marietta ▲ GA ▲ 30066
 Ph: 770-516-3329 ▲ Fax: 770-517-3849 ▲ www.gameshme.org