

GAMES / GRTC Winter Meeting

February 12, 2019
Sheraton Hotel Atlanta
Atlanta, GA



Sponsor / Exhibitor Registration Form

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

- Basic Package - GAMES Member \$399.00 (included in Platinum & Gold Membership)
- Basic Package - Non-member \$499.00
- Additional exhibit personnel \$89.00 Name & email: _____

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

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

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