

Georgia State Medical Association, Inc.
Annual Convention & Scientific Assembly • June 9 – June 12, 2010
Hilton Oceanfront Resort, Hilton Head Island, South Carolina

Exhibitor Application

Booths include 3' x 6' table & two chairs. Tablecloths will be provided. Electrical outlets will be available for exhibitors. Exhibit spaces will be assigned in order of exhibitor confirmation. *Exhibiting pass includes two (2) complimentary Banquet and two (2) complimentary Luncheon tickets. Additional tickets may be purchased on-site.

Exhibit Space will be awarded on a first come, first serve basis, determined by when ALL Support Registration materials and payment are received. ALL PAYMENTS MUST BE RECEIVED BEFORE YOUR BOOTH IS SET UP.

COMPANY NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CONTACT PERSON: _____
TELEPHONE: _____ FAX: _____
EMAIL/WEBSITES: _____

EXHIBITS

_____/I/WE HEREBY RESERVE EXHIBIT SPACE AT THE GSMA'S 2010 ANNUAL CONVENTION & SCIENTIFIC ASSEMBLY
_____/YES, WE ARE INTERESTED IN RECEIVING INFORMATION ABOUT SPONSORING REFRESHMENTS OR EVENTS IN THE EXHIBIT HALL

LIST COMPANY EXHIBIT REGISTRANTS & EMAIL ADDRESS

1. _____
2. _____
3. _____
4. _____

EXHIBIT BOOTH RATES

FEES:		TOTAL NUMBER OF
CORPORATE EXHIBIT BOOTHS	\$2,000	BOOTHS REQUESTED _____
NON-PROFIT	\$1,500	BOOTH # REQUESTED _____
		TOTAL BOOTH COST \$ _____

PLEASE GIVE A BRIEF DESCRIPTION OF COMPANY/EXHIBIT:

METHOD OF PAYMENT

PLEASE MAKE PAYABLE & MAIL TO: **GSMA EXHIBITS, 720 WESTVIEW DRIVE, S.W., ATLANTA, GA 30310**
OR FAX: 404/752-1024

TOTAL AMOUNT ENCLOSED \$ _____ CASH _____ CHECK _____
AMEX _____ VISA _____ MC _____

CREDIT CARD NO. _____ EXP. DATE _____
AUTHORIZED SIGNATURE _____ DATE _____
NAME ON CARD _____

Fax form to 404-752-1024 or email to dbrooking@msm.edu

★ Make checks payable to **Georgia State Medical Association, Inc.** Mail to Georgia State Medical Association, Inc.;
Attn: Denise Brooking, 720 Westview Drive, SW (HB-121), Atlanta, GA 30310-1495 – Tax ID # 58-0055908

★ If paying by credit card, visit our website at www.gsmanet.org (Discover NOT accepted).

GSMA Office
Date Received _____
Booth Assignment _____
Confirmation Letter _____

MUST BE RECEIVED NO LATER THAN MAY 30, 2010

2010 GSMA ANNUAL MEETING