



# Georgia School Nutrition Association

## FALL EXPO

### September 26 – The Classic Center – Athens, GA



**DATE OF SHOW** Monday, September 26 (Athens- The Classic Center - 300 N Thomas St, Athens, GA 30601)

**REGISTRATION FEE** \$1,000.00 per table **REGISTRATION DEADLINE** September 12, 2022

#### TENTATIVE AGENDA

**SET UP TIME** 9:00 am – 12:00 pm      **VENDOR EXHIBITS** 1:00 – 4:00 pm      **VENDOR BREAK-DOWN** 4:30 pm

All companies must register and pay the registration fee to participate in the show. Each registration will consist of one 8ft draped table, two chairs and a trash can.

- ▶▶ No equipment may be set up in the aisles, if you need extra space for equipment or cooking you MUST purchase additional space. You CANNOT set up in the aisle.
- ▶▶ Electrical hook-up, back table purchase information and other information will be sent once your space is secured.

**CANCELLATION POLICY** Cancellations must be in writing and received by **September 12, 2022**. All cancellations are subject to a \$100.00 processing fee.

Company \_\_\_\_\_ Key Contact \_\_\_\_\_ Contact Title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street No./Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TABLE PREFERENCE** List your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> table preference. Space assignments will be on a first received basis.

1<sup>st</sup> Table Choice \_\_\_\_\_ 2<sup>nd</sup> Table Choice \_\_\_\_\_ 3<sup>rd</sup> Table Choice \_\_\_\_\_

**ADDITIONAL PERSONNEL** Please limit personnel to **FOUR (4) Reps per 8 Foot Table**. There will be an additional charge of \$25 for requests over the 4 person limit.

Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

#### PAYMENT INFORMATION

Please enclose a check or money order, payable to GSNA, or you may pay by Credit Card (Visa, Mastercard, AMEX **only**) for amount due. Please indicate amount enclosed, method of payment and credit card information. You may FAX your registration to: 770-934-8917 if you are paying with a credit card please add the \$15 credit card processing fee. Please DO NOT FAX registration forms without credit card information. All payments must be received prior to setup.

**\$1,000 PER TABLE** x # \_\_\_\_\_ **OF TABLES** = \$ \_\_\_\_\_ (table total) **\$75 x #** \_\_\_\_\_ **shared tables** = \$ \_\_\_\_\_ (sharing total)

**AMOUNT ENCLOSED** \$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = **TOTAL AMOUNT DUE** \$ \_\_\_\_\_  
*Booth Fees                      Table Sharing Fees                      (\$15 Credit Card Processing Fee)*

Check  Visa  Mastercard  American Express

Credit Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address & Zip Code of Card Holder \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name on CC \_\_\_\_\_