



GSNA 2025 "Back to School" Expo

Wednesday, September 17th

Macon Centreplex – Macon, GA

VENDOR REGISTRATION FORM



DATE OF SHOW

Wednesday, September 17, 2025 (Macon Centreplex - 200 Coliseum Dr, Macon, GA 31217)

REGISTRATION FEE

\$1,000.00 per table **REGISTRATION DEADLINE** August 29, 2025, after 8/29/25 a \$100 late fee will be applied.

AGENDA

SET UP TIME 7:00 am – 12:30 pm **VENDOR EXHIBITS** 1:00 – 5:00 pm **VENDOR BREAK-DOWN** 5:30 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. Payment of one-half of total fee must be submitted at the time of space reservation with the remainder being paid no later than September 1, 2025. **We will not be able to reserve tables without a 50% deposit.** ▶ ▶ **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.**

CANCELLATION POLICY Cancellations must be in writing and be received by GSNA no later than September 1, 2025, for a refund of registration fee, less a \$75 processing fee. All cancellations made after September 5th will incur a \$100.00 cancellation fee and the remaining balance will be credited to your GSNA account for use at a future GSNA meeting.

We encourage company substitutions if possible.

Company _____ Key Contact _____ Contact Title _____

E-mail _____ Phone (____) _____ - _____

[**BROKERS CLICK HERE for a Multi Company Registration Form**](#)

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

TABLE # 1 - 1st Table Choice _____ **2nd Table Choice** _____ **3rd Table Choice** _____

TABLE # 2 - 1st Table Choice _____ **2nd Table Choice** _____ **3rd Table Choice** _____

ADDITIONAL PERSONNEL Please limit personnel to **FOUR (4) Reps per 8 Foot Table**. There will be an additional charge of \$30 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. If you are paying with a credit card, please add the \$15 credit card processing fee. **All payments must be received prior to setup.**

\$1,000 PER TABLE x # _____ OF TABLES = \$ _____ (table total) **\$100 x # _____ shared tables = \$ _____ (sharing total)**

AMOUNT ENCLOSED \$ _____ + \$ _____ + \$ _____ = TOTAL AMOUNT DUE \$ _____
Table 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 _____