



DATE OF SHOW

Monday, October 16 (Athens- The Classic Center - 300 N Thomas St, Athens, GA 30601)

REGISTRATION FEE \$1,000.00 per table/ Shared Tables \$75 per company REGISTRATION DEADLINE September 27, 2023, after 9/27/23 a \$100 late fee will be applied.

AGENDA

SET UP TIME 7:30 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.

CANCELLATION POLICY Cancellation Policy: Cancellations must be in writing and be received by GSNA no later than October 6, 2023 for a refund of registration fee, less a \$50 processing fee. All cancellations made after October 6th 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 () -

Mailing Address Street No./Name City State Zip

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

1st Table Choice 2nd Table Choice 3rd Table Choice

SHARED TABLES - Additional \$75 PER COMPANY Space assignments will be on a first received basis.

(\$75 per company for each shared table) Please list sharing companies on the same line with the preferred table #s.

Company Name: Table #1 (1st) (2nd) (3rd)

Table #1 Company Reps:

Company Name: Table #2 (1st) (2nd) (3rd)

Table #2 Company Reps:

Company Name: Table #3 (1st) (2nd) (3rd)

Table #3 Company Reps:

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. 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) \$75 x # shared tables = \$ (sharing total)

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

Check Visa Mastercard American Express

Credit Card Number: Expiration date: Security Code:

Billing Address & Zip Code of Card Holder

Signature: Printed Name on CC