



# Georgia School Nutrition Association

## 2023 Fall Expo - October 16th

### Individual Company Registration Form



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

**REGISTRATION FEE** \$1,000.00 per table **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** 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 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> table preference. Space assignments will be on a first received basis.

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

TABLE # 2 - 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. 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** \$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = **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 \_\_\_\_\_