

Georgia State Medical Association, Inc.
126th Annual Convention & Scientific Assembly • June 12-15, 2019
Omni Hilton Head Oceanfront Hotel, Hilton Head Island, SC

Exhibitor Application

Booths include 3' x 6' table & two chairs. Tablecloths will be provided. *Electrical outlets are available upon request for a separate charge.

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

COMPANY/ORGANIZATION NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CONTACT PERSON: _____ TELEPHONE: _____
EMAIL/WEBSITE: _____

EXHIBITS

____ I/WE HEREBY RESERVE EXHIBIT SPACE AT THE GSMA'S 2019 ANNUAL CONVENTION & SCIENTIFIC ASSEMBLY
____ YES, WE ARE INTERESTED IN RECEIVING INFORMATION ABOUT SPONSORING REFRESHMENTS, EVENTS OR GIVEAWAYS IN THE EXHIBIT HALL

LIST COMPANY EXHIBIT REGISTRANTS & EMAIL ADDRESS

1. _____
2. _____

EXHIBIT BOOTH FLAT RATE

FEES: EXHIBIT BOOTHS \$2,500
TOTAL NUMBER OF BOOTHS REQUESTED _____
TOTAL BOOTH COST \$ _____

PLEASE GIVE A BRIEF DESCRIPTION OF COMPANY/EXHIBIT:

METHOD OF PAYMENT

PLEASE MAKE PAYABLE & MAIL TO: GEORGIA STATE MEDICAL ASSOCIATION, INC., 720 WESTVIEW DRIVE, SW, ATLANTA, GA 30310, ATTN: KIMBERLY WILLIAMS, PHD

____ CHECK CC: ____ AMEX ____ VISA ____ MC ____ OTHER
(PLEASE LIST ADDRESS WHERE CC BILL IS SENT OR GO ON-LINE TO WWW.GSMANET.ORG)

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

Scan and Email to georgiastatemedicalassociation@gmail.com

★ Mail checks to Georgia State Medical Association, Inc. Attn: Kimberly Williams, 720 Westview Drive, SW, Atlanta, GA 30310-1495 – Tax ID # 58-0055908

MUST BE RECEIVED NO LATER THAN MAY 15, 2019

2019 GSMA ANNUAL MEETING

GSMA Office
Date Received _____
Booth Assignment _____
Confirmation _____