



# VENDOR REGISTRATION

## GEORGIA ASSOCIATION OF SCHOOL FACILITY ADMINISTRATORS APPLICATION AND CONTRACT FOR EXHIBIT SPACE

21<sup>st</sup> Annual Conference and Trade Show

October 17 - October 20, 2010

The Marriott Riverfront

Savannah, Georgia

**Reservation Number 912-233-7722**

Business Name: \_\_\_\_\_ Website Address: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Booth Selection: Reserve \_\_\_\_\_ booth(s). Specific choice is \_\_\_\_\_ 1<sup>st</sup>, \_\_\_\_\_ 2<sup>nd</sup>, \_\_\_\_\_ 3<sup>rd</sup>, \_\_\_\_\_ 4<sup>th</sup>.

Vendor will provide type signage that is needed. **Table type signage is recommended.**

I agree to purchase exhibit space as noted above at GASFA 21<sup>st</sup> Annual Conference and Trade Show. In doing so, I agree to comply with all the provisions of this contract. I understand that this contract will be an agreement between the exhibitor and GASFA.

X \_\_\_\_\_  
Exhibitor's Signature

X \_\_\_\_\_  
GASFA Director's Signature

### PERSONNEL NEEDING NAME BADGES: **Please type or print**

Name/Title \_\_\_\_\_ Name/Title \_\_\_\_\_

Name/Title \_\_\_\_\_ Name/Title \_\_\_\_\_

**Please make check payable to GASFA**

**Total Cost: \$725**

Please return both copies and a signed copy will be returned to you.

GASFA  
Searcy Jackson  
P. O. Box 72342  
Newnan, GA 30271-2342  
Phone: (770) 304-5682  
Fax: (770) 304-9404  
Email: [Searcy.Jackson@gmail.com](mailto:Searcy.Jackson@gmail.com)

I will attend the Banquet on Tuesday evening \_\_\_\_\_ Yes \_\_\_\_\_ No Number attending \_\_\_\_\_ Cost \$18 each

I will participate in Golf Tournament on Sunday \_\_\_\_\_ Yes \_\_\_\_\_ No Total # \_\_\_\_\_ H/CAPP \_\_\_\_\_

I would like to participate in the GASFA scholarship. \$ \_\_\_\_\_

**Electricity needed for booth, YES must be checked \_\_\_\_\_ YES.**



## VENDOR REGISTRATION

(Please include this form.)

VENDOR DOOR PRIZES: GASFA will award prizes at the Vendor luncheon. If you plan to donate a prize, please indicate below.

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COMPANY CATEGORIES: Please list the principal products and/or services to be exhibited by your firm. We will make an effort to prevent competitors from being next to each other. List any companies you do not want next to you.

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**MEMBERSHIP DUES AND BOOTH PAYMENT IS \$725.00. PLEASE SEND ALL COPIES ASAP OR BY AUGUST 1st TO:**

Phone: (770) 304-5682  
Fax: (770) 304-9404  
Email: [Searcy.Jackson@gmail.com](mailto:Searcy.Jackson@gmail.com)

GASFA  
**Searcy Jackson**  
**P. O. Box 72342**  
**Newnan, GA 30271-2342**

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## **GASFA 2010 CONFERENCE INFORMATION**

(Abbreviated Schedule)

The 2010 GASFA Conference will return to The Marriott Riverfront in Savannah, October 17 through October 20. Following is an abbreviated schedule:

- SUNDAY:** 12:30 - Gold Tournament  
4:30 - 5:00 GASFA Members Registration
- MONDAY:** 7:30 - GASFA Board Breakfast/Meeting  
8:00 - 10:00 Registration  
9:00 - 2:30 Seminars: \* **#'s: 1, 2, & 3**  
Anytime after 9:00 - Vendors Booth Set-Up  
First Visitation Call 3:00
- TUESDAY:** On Tuesday there will be two Seminars, one in the morning and one in the afternoon: \* **# 4 – 9 A.M., #5 – 2 P.M.**

Beginning at approximately 10:30 - 1:30 everyone will be visiting with the Vendors, with appreciation luncheon for Vendors at 12:00

Door Prizes will be held during Seminars, Vendor luncheon, and visitation with Vendors.

Banquet will be 6 P. M.

- WEDNESDAY:** 8: 00 - Breakfast (Registration must be made on registration form)



**GEORGIA ASSOCIATION OF  
SCHOOL FACILITY ADMINISTRATORS  
2010  
Associate Membership Form**

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Business Website Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Type of Business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Corporate Membership Fee (1 Year) <b>(Included in Registration)</b>	\$200.00
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