

2008 Conference Exhibitor/Sponsor Application

Contact and Company Information

Marketing Contact Name* _____
Title _____
Firm/Company _____
Address _____
City/State/Zip _____
Phone _____
Fax _____
Email _____

On-site Contact Name** _____
Title _____
Firm/Company _____
Address _____
City/State/Zip _____
Phone _____
Fax _____
Email _____

Company Information***

Web Site Address _____
Product/Service _____

**Marketing contact is the person who the GSCPAs' Communications Department will work with to obtain the exhibitor/sponsor application, payment, booth selection, signed contract, company description, and logo.*

***On-site contact is the person who will be attending SEAS and who the GSCPAs' Exhibitor Coordinator will work with on the day-of details, such as set-up/tear down details, travel arrangements, and additional services needed during the show.*

****Your company's 50-word description is required to accompany this application before it can be processed.*

Cancellation Policy

Cancellations are fully refundable if submitted in writing 90 calendar days or more prior to the conference. Cancellations submitted in writing 89 to 31 days prior to the conference will receive a 50 percent refund. **No refunds will be given to cancellations received 30 days or less prior to the conference.**

Once your application is accepted, a contract will be mailed to you. The sponsor/exhibitor contract **MUST** be signed and returned **within 30 days** of date on contract, or your application will be cancelled and booth space will be released.

2008 Conference Choices

Conference	Fee(s)	Conference	Fee(s)
Healthcare Conference <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> E	_____	Georgia Tax Forum - Atlanta <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> E	_____
Spring Decision Makers Conference <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> E	_____	Georgia Tax Forum - Savannah <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> E	_____
Spring Government Workshop <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> E	_____	Don Farmer's Tax Seminars November 2008 Tifton <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> E	_____
Georgia Federal Tax Conference <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> E	_____	Don Farmer's Tax Seminars November 2008 Macon <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> E	_____
Real Estate Conference <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> E	_____	Don Farmer's Tax Seminars November 2008 Gwinnett <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> E	_____
Annual Convention <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> E	_____	Don Farmer's Tax Seminars December 2008 Cobb <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> E	_____
Estate Planning Conference <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> E	_____	Government A&A Conference <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> E	_____
Southeastern Accountng Show <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> E	Contact Elizabeth Kistler for fees	2008 Healthcare Conference <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> E	_____
Financial Institutions Conference <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> E	_____	GRAND TOTAL	_____
Accounting Institute <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> E	_____		
Fall Decision Makers Conference <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> E	_____		

G = Gold Sponsor S = Silver Sponsor E = Exhibitor

Payment Information

- Check enclosed payable to Georgia Society of CPAs
 Visa MasterCard AmEx Discover Personal Card Company Card

Card# _____
 Exp. Date _____
 Cardholder Name _____
 Signature _____

Authorized Signature _____ Date _____

Your signature above confirms that you have read and understand the regulations set forth by the GSCPA concerning sponsorships and exhibit space for our conferences.

Please complete application and fax or mail with payment to:
 Elizabeth Kistler, PR/Communications Coordinator, GSCPA,
 3353 Peachtree Road NE, Suite 400, Atlanta, GA 30326-1414
 Fax 404-237-1291 • Phone 404-504-2941 • ekistler@gscpa.org