

2008 Sponsor & Exhibitor 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 and before booth selection can be honored.*

Booth Preference

For current booth availability visit the online floor plan at www.gscpa.org under Continuing Education and click the Southeastern Accounting Show logo. Your application will not be processed without three booth choices. Each exhibitor must have their own booth. Exhibitors may not share booth space.

Booth Number Choices

First Choice: _____ Second Choice: _____ Third Choice: _____

Sponsorship Level

<input type="checkbox"/>	Gold Sponsor (limited to 2)	\$10,000	<input type="checkbox"/>	Tote Bag Sponsor	SOLD
<input type="checkbox"/>	Silver Sponsor	\$5,000	<input type="checkbox"/>	Cyber Cafe Sponsor	\$2,500

Exhibitor Package

<input type="checkbox"/>	One Booth - 10x10 (payment received by 3/15)	\$1,600
<input type="checkbox"/>	One Booth - 10x10 (payment received after 3/15)	\$2,000
<input type="checkbox"/>	Two Booths - 10x20 (payment received by 3/15)	\$3,000
<input type="checkbox"/>	Two Booths - 10x20 (payment received after 3/15)	\$3,700
<input type="checkbox"/>	Four Booths - 20x20 (payment received by 3/15)	\$5,400
<input type="checkbox"/>	Four Booths - 20x20 (payment received after 3/15)	\$6,000
<input type="checkbox"/>	Promotional Item in Tote Bag (provided by your company)	\$500

Total Sponsorship/Exhibitor Amount: \$ _____
(payment must accompany application)

Payment Method

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

Card# _____

Exp. Date _____

Cardholder Name _____

Signature _____

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.

Cancellation Policy

Cancellations are fully refundable if submitted in writing at least 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.**

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 this conference.

Please send completed and signed application with payment to: Elizabeth Kistler, Communications Coordinator, GSCPA 3353 Peachtree Road NE, Suite 400, Atlanta, GA 30326-1414
Fax 404-237-1291 ▪ Phone 404-504-2941 ▪ ekistler@gscpa.org