

EXHIBITOR / SPONSOR APPLICATION

Georgia Association of Nurse Anesthetists ("GANA") Annual Fall Meeting
Hilton Oceanfront Resort, 23 Ocean Lane, Hilton Head Island, South Carolina - October 2-4, 2009

Name of Company/Exhibitor/Sponsor: _____

Address: _____

Please indicate product or service to be exhibited: _____

Telephone: _____ Fax: _____

Contact Person: _____ Email: _____

Exhibitor's Name: _____ Email: _____

\$400 - The undersigned wishes to be an **EXHIBITOR** and reserves exhibit space for use at the GANA Annual Fall Meeting at HILTON HEAD, SC.

Fee Includes:

- > One six-foot table (clothed and skirted).
- > Recognition both written and verbal
- > A listing in the Exhibitor & Sponsor Directory
- > Attendance to the Welcoming Reception on Friday evening

_____ I hereby reserve exhibit space at \$400.00 each. (no. of spaces) _____

_____ I will be in need of electricity for my exhibit booth.

\$200 - The undersigned is unable to attend but would like to have their company literature available to GANA Annual Fall Meeting attendees.

Sponsor Donation - The undersigned wishes to make a financial donation as a **SPONSOR** the GANA Annual Fall Meeting at Hilton Head, SC in the amount of _____.

ACCEPTANCE OF TERMS: The exhibit area will be available for setup on Friday, October 2, 2009, at 12:00 noon. The exhibits must be dismantled and cleared on Saturday, October 3, 2009. No storage space is available at the hotel. Exhibitor/Sponsor assumes full responsibility and liability for losses, damages and claims arising out of Exhibitor's/Sponsor's activities on the hotel premises during the meeting and will indemnify, defend and hold harmless the hotel, its agents, servants and employees from any and all such losses, damages and claims. Exhibitor/Sponsor further agrees to indemnify, defend and hold harmless GANA and any of its officers, directors, members and agents from any and all such losses, damages and claims.

I the undersigned, a duly authorized agent of the above Company, understand and agree to the terms set forth herein.

(Signature)

(Printed Name)

(Date)

Return Application and Payment to:
Georgia Association of Nurse Anesthetists
1832 Highway 54, West
Fayetteville, GA 30214