

EXHIBITOR / SPONSOR APPLICATION

Georgia Association of Nurse Anesthetists ("GANA") Annual Fall Meeting - October 1-3, 2010
Cobb Galleria Centre located at Two Galleria Parkway, Atlanta, Georgia 30339

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 ATLANTA, GA.

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 Atlanta, GA in the amount of _____.

ACCEPTANCE OF TERMS: 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