Georgia Association of
School Psychologists

CONFERENCE YEAR – 2015-2016

GASP CONFERENCE EXHIBIT TABLE REQUEST FORM.

Exhibit Tables Needed for? How Many Tables were Needed?
☐ Fall  ☐ Spring  ☐ Both  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ Other

Comments or Desired Instructions

Exhibit Tables Prices are $175 per table ___ table(s) X $175=________

Conference Sponsorship Amount(s):

Whole Conference  ☐ Fall  ☐ Spring  ☐ Both  Amount Contributed $________
Specific Event(s):  ________________  Amount Contributed $________
_______________  Amount Contributed $________
_______________  Amount Contributed $________

GASP CONFERENCE SPONSOR/ EXHIBITER INFORMATION.

Name ________________________________

Phone Number __________________________

Email ________________________________

Company ________________________________

Billing Contact Name ____________________________

Referenced Information ________________________________

Address ________________________________

City __________ State ______ Zip____

CONTRIBUTION OR TABLE EXHIBIT TOTAL.

Invoice Amount $___________ OR Check Amount $___________
To Invoice Billing $___________ Check Number $___________

Sponsor/Exhibiter Signature __________________________ Date ____________

Scan and email the completed form to the Conference Chair and Send Payment to Conference Registrar