Georgia Association of School Psychologists

CONFERENCE YEAR – 2016-2017

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