SGANP 3nd Annual Conference

November 7, 2015
James H. Rainwater Conference Center
1 Meeting Place | Valdosta, Georgia 31601
(229)245-0513
SGANP EIN: 47-1646021

SGANP
South Georgia Association of Nurse Practitioners

Vendor Company Name _____

Address _____

City_____ State_____ Zip_____

Contact Person_____

Email_____

Phone_____ Cell Phone_____

Fax_____

Please check the Method of Payment: Check _____ Credit Card_____

You are hereby agreeing to be a vendor for the SGANP 3nd Annual Conference on November 7, 2015. The vendor fee is $350.00 to be paid online or by check. All checks must be made out to SGANP, mail vendor form and check to PO Box 4724 Valdosta, GA 31604-4724. All payments must be received by November 1, 2015 or vendor cannot participate. All Vendor Fees are NON-REFUNDABLE. The conference is expected to host approximately 200 healthcare participants. Please return ASAP to hold a booth, only accepting 40 vendors.

Participation in the event includes one table and two chairs located inside the vendor area. All vendors are responsible for bringing and removing all materials from their designated booth. Registration for the conference is from 6:30am-7:20am. Conference starts at 7:20 am. All vendors must wear name badges to identify themselves to be permitted in the conference. Vendors will be allowed to set up the morning of the conference starting at 6AM and remain until 3PM. SGANP is not responsible for any property damage or liable for any accidents.

CANCELLATION POLICY: Cancellations received at least 30 days prior to the conference start date will receive a full refund of the conference registration fee, minus a $50 administrative charge. Cancellations received less than 30 days before the conference start date are issued a Letter of Credit for a future SGANP conference, valid for 12 months. Cancellations received on the conference start date, during, or after the conference will not be eligible for a refund or credit.

Do you require Electricity? YES_____NO_____

Vendor Representatives Name to be present at booth:

1._____

2._____

Vendor Contact Name_____

Vendor Contact signature: _____ Date_____

South Georgia Association for Nurse Practitioners
PO Box 4724 Valdosta, GA 31604-4724
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