



Georgia Society of Gastroenterology Nurses and Associates, Inc.

January 19, 2010

Dear Vendor Representatives;

The Georgia Society of Gastroenterology Nurses and Associates (GSGNA) would like to extend an invitation for you to represent your company and products at the 27th Annual Educational Conference, "Embarking on New Horizons". The conference will be held at the Embassy Suites in Atlanta's Centennial Olympic Park on September 17-19, 2010. The vendor reception will be held Friday evening with the time to be announced. A conscientious effort has been made in the scheduling to provide participants and vendors with maximum exposure to each other.

The exhibitor's fee for participation is \$500.00 per table. This fee includes your display area, meals for two representatives, company and representative contact information included in the syllabus, a copy of the syllabus and an attendee's contact list.

The GSGNA is soliciting monetary assistance towards the many costs associated with conducting a successful meeting. These costs include printing and stationary of educational materials, promotion of scholarship programs, as well as general costs for the venue and meals. GSGNA would greatly appreciate your generous contributions to these efforts. All contributing manufacturers and representatives will receive recognition in both the final printing of the syllabus as well as a continuous running PowerPoint screen show to be displayed in the main conference room between speakers and presentations. The top 3 contributors will be recognized as Platinum Level Vendors, the next 3 highest contributors will be recognized as Gold Level Vendors and the next 3 highest contributors will be recognized as Silver Level Vendors. All other contributing vendors will receive recognition in a collage type display.

GSGNA Tax numbers are Federal 58-1648028 and State 20-010398242.

The members of the Board of Directors of the GSGNA would like to thank you for your past and continued support at the annual fall conference. The endoscopy units throughout the state of Georgia enjoy a mutually beneficial working relationship with all of the GI community vendors and it is with great pride that we extend this invitation to you.

Please return the completed vendor application with your exhibitors' fee and contribution by July 31, 2010 to ensure participation in this conference. If your application does not reach us by this time, we will be unable to guarantee appropriate recognition in our Syllabus and Vendor recognition program.

If you have any questions or need further information, please feel free to contact us at the numbers or e-mails listed. Thank you once again for your continued support of the GSGNA.

Sincerely,

Felecia Binns, RN, CGRN
GSGNA 2010 President
Region 17
felecia.binns@dekalbmedical.org

The 27th Annual Georgia S_GNA Educational Conference
“Embarcking on New Horizons”

...bringing GI specific knowledge to front line providers of the endoscopy suite

Please review the details below and provide a completed Exhibitor Reservation form via e-mail and allow for payment to Three Rivers AHEC via the methods listed below:

Payment Method Options: [DUE by Friday, July 30, 2010](#)

1. Call in your Visa/Master Card to: Yvette Payton at Three Rivers AHEC

2. By Check: Three Rivers AHEC
Attn: Yvette Payton
PO Box 4177
Columbus, Georgia 31914

Vendor Cost: \$500.00
TAX ID: 58-2129732

Event Date: Friday, September 17-19, 2010
Location: Embassy Suites Hotel
Atlanta Centennial Olympic Park
267 Marietta Street
Atlanta, Georgia 30313

For Reservations: 1-800-embassy (362-2779)/ 404-223-2300 **Group Code: GCY**

Friday, September 17: 5:00 pm Vendor set-up

Saturday, September 18: 10:30 am Exhibit Hall Open

Target Audience: 100-150

For additional processing information or questions please contact:

Yvette Payton, AAS
Continuing Education/Technology Manager
Phone: 706-507-0894 Ext. 1513
E-mail: ypayton@threeriversahec.org

Felecia Binns, RN, CGRN
GSGNA 2010 President
Phone: 404-556-7540
E-mail: felecia.binns@dekalbmedical.org



THREE ♦ RIVERS

Area Health Education Center
PO Box 4177
Columbus, Georgia 31914

EXHIBITOR RESERVATION FORM

Name of Conference: _____

Name of Organization/Company: _____

Contact Person: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Fee per exhibit space is \$500. Each exhibit space includes a table (6' x 3') plus two chairs. For your fee, you will also receive a continental breakfast and lunch for two representatives. Additional lunch tickets may be purchased for each additional person per exhibit for \$25 each.

of exhibit spaces requested: _____ # of lunches: _____ (enclose amount due with your exhibit fee)

Electrical service is available at no charge. I need electrical service: ___ Yes ___ No

Total enclosed: \$_____ (Reservation will be confirmed once payment is received.)

Please return this form and check payable to:

Three Rivers AHEC
PO Box 4177
Columbus, GA 31914
(706) 507-0894 Ext. 1513