

**GEORGIA PUBLIC HEALTH ASSOCIATION, INC.**  
**83rd Annual Meeting and Conference**  
**Exhibitor Contract - 2012**  
**(Tax I.D. #58-1556077)**

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **e-mail: (required)** \_\_\_\_\_

**Name of contact person:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Type of Booth requested:**

**Commercial:**       **Single - \$500.00**

**Private Non-Profit  
or Academic:**     **Single - \$250.00**

**Public Non-Profit:**  **Single - \$250.00**

*All exhibit space will include: one skirted 6 foot table and 2 chairs (no pipe and drape)*

Please bring your own signage.

Please notify Trish Southwell, GPHA Exhibits Chair, at [GSTS1@comcast.net](mailto:GSTS1@comcast.net) soon if you need electrical source for your display or have other questions.

**Agreement:**

The Georgia Public Health Association, Inc., and its members assume no liability for losses, damages, or claims of exhibitor equipment or supplies while on the premises of the Crowne Plaza Hotel Atlanta Ravinia, 4355 Ashford Dunwoody Road, Atlanta, GA 30346.

The Exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of Exhibitor's activities on the hotel premises and will indemnify, defend and hold harmless GPHA and the hotel, their agents and employees from any and all such losses, damages, and claims.

The Georgia Public Health Association, Inc., will provide a full conference registration for one individual with each Commercial exhibit that includes all conference functions.

Public and private non-profit organizations, academic institutions, and all program display exhibitors are required to fully register for the conference. GPHA will provide a receipt upon request.

This agreement covers the entire rental of exhibit space for the GPHA Annual Meeting and Conference.

**Exhibitor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Check enclosed: #** \_\_\_\_\_

**Credit Card (Circle Type):** Visa, MasterCard or American Express

**Card#** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Address on Credit Card** \_\_\_\_\_

**Contracts and payments are due: March 9, 2012**

**GEORGIA PUBLIC HEALTH ASSOCIATION**  
Post Office Box 80524 – Atlanta, Georgia 30366-0524  
FAX (404) 299-7029 or e-mail: [director@gapha.org](mailto:director@gapha.org)