



Georgia Association of School Psychologists

CONFERENCE YEAR – 2016-2017

GASP CONFERENCE EXHIBIT TABLE REQUEST FORM.

Exhibit Tables Needed for?

Fall Spring Both

How Many Tables were Needed?

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 _____

Event Fees & Sponsorships
Exhibitors Hall-\$175 (per table)

Fall Conf. Starting Amounts

Keynote Speaker- \$600+

Workshop Presenter- \$300+

President's Reception-\$500+

Silent Auction- Cash or Items

Special Topics-\$500

Spring Conf. Starting Amounts

Presenter- \$500+

Full Sponsorship -\$2500

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