



Georgia Association of School Psychologists

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 _____

Conference Sponsorship Recognition 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.

Online Paid Amount \$ _____ **OR** Check Amount \$ _____
Check Number \$ _____

Sponsor/Exhibiter Signature

Date

Scan and email the completed form to the Conference Chair & Send Payment using online system