



GEORGIA  
ACADEMY of  
GENERAL DENTISTRY

# 2018

## ANNUAL MEETING

### EXHIBITOR INFORMATION

Up to 5 hours of face time

Two (2) representatives

6-foot exhibit table

Pre-registration & final attendee lists

Product description on GAGD.org (100 words max.)

\*Additional sponsorship levels available

## AUGUST 24–25

### WESTIN ATLANTA

### PERIMETER NORTH

**GAGD Executive Office**

2700 Cumberland Parkway, Suite 570  
Atlanta, GA 30339

phone: (404) 299 7987

fax: (404) 299 7029

[arianna@gagd.org](mailto:arianna@gagd.org)

GAGD Tax ID#: 58-1645099

# 2018

## EXHIBITOR REGISTRATION FORM

**\$1295**

**\$1095**  
*(by February 28)*

Company Name: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Representative 1: \_\_\_\_\_

Rep. 1 Email: \_\_\_\_\_

Representative 2: \_\_\_\_\_

Rep. 2 Email: \_\_\_\_\_

Representative 3 (add \$200): \_\_\_\_\_ Email: \_\_\_\_\_

Representative 4 (add \$200): \_\_\_\_\_ Email: \_\_\_\_\_

**CHECK (enclosed)**

**CREDIT CARD (complete below)**

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ VISA AMEX MASTERCARD

Expiration: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address (if different than above): \_\_\_\_\_

Signature: \_\_\_\_\_