



# Georgia Association of School Psychologists

CONFERENCE YEAR – 2014-2015

**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