

# Georgia Orthopaedic Society Exhibit Space and Event Application

2010 GOS Annual Meeting – October 14 -17, The Ritz Carlton, Amelia Island, Florida

Please return the completed form below along with the other items included in the check list below. Please make sure your company name is on all attached forms to keep everything together. We agree to abide by the exhibit rules and regulations as set forth by the GOS, which is made a part of this contract by reference and fully incorporated herein, and to all conditions under which exhibit space at the meeting.

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

Contact & Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Product or services to be exhibited: \_\_\_\_\_

Name of specific company and/or product near which your company prefers NOT to be located. \_\_\_\_\_

Enclosed is a check or credit card details in the amount of \$\_\_\_\_\_, representing payment in full of \$\_\_\_\_\_ per sponsorship opportunities included on the attached form, Sponsorship Opportunity Overview.

### Checklist of items that should be returned to the GOS to complete your registration:

- **2010 Exhibit Space and Sponsor Application (this form)**
- **Check made payable to the Georgia Orthopaedic Society or See Credit Card Form Below**

*Applications received after June 15th, 2010 must be accompanied with payment for the full amount. CANCELLATION: GOS must be notified of cancellation in writing. A cancellation fee of \$250.00 will be charged to a sponsor who cancels their contract before June 30, 2010. No refunds will be made after this date.*

Application with the payment and other communications may be addressed to the following:  
Georgia Orthopaedic Society ~ 131 Holly Springs Dr. ~ Peachtree City, GA 30269 ~  
Phone: 478-474-2754 ~ Fax: 678-669-2754 ~ Email: [lnearygos@gmail.com](mailto:lnearygos@gmail.com) ~  
Website: [www.georgiaorthosociety.com](http://www.georgiaorthosociety.com)

I hereby authorize the following amount to be charged to my credit card.

Amount Authorized: \_\_\_\_\_ Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 digit Security Code or CIN Number: \_\_\_\_\_

Billing Zip code: \_\_\_\_\_