



Georgia Health Sciences
Library Association's
Annual Meeting



March 9-11, 2014

Barnsley Gardens Resort
Adairesville, GA

Vendor Fair Application

Representative Name _____

Company Name _____

Address _____

E-mail _____

Phone _____

Vendor Fee \$ 400.00 _____

Please send completed form and check to:

GEORGIA HEALTH SCIENCES LIBRARY ASSOCIATION c/o Kimberly Powell

Woodruff Health Sciences Library 1462 Clifton Road, NE Atlanta, GA 30322

Vendor registration includes a table for display, wireless access, and lunch with conference attendees. The vendor Fair is scheduled for Monday, March 10 from 10:00 - 6:00.

Conference registration is separate and includes all sessions and meals.

Do you need electricity for your booth? _____

Do you plan to register for the meeting? _____

Will you supply door prizes? _____

Would you like to sponsor a meal or refreshments? _____ If yes, please contact
Program Chair Elizabeth Marvel for opportunities elizabeth.marvel@choa.org or **(404) 785-9382**.

GHSLA Tax ID# 35-2186668