

**GABBS Atlanta / SBS 2012 EXHIBITOR REGISTRATION FORM**  
**please e-mail this page or fax completed form to: 865-922-2715**

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

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Free Badges:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Booth/Table Space: \_\_\_\_\_ No. of Tables \_\_\_\_\_

Cost per Table: \_\_\_\_\_ x No. of Tables = \$ \_\_\_\_\_

(Cost per table is based on qty of tables – see Table Costs link in the “Information for Exhibitors” page)

Advertising Fee: \$ \_\_\_\_\_

(Includes print advertising, direct mailings, trade shows, emails, direct calling, webhosting & more!)

Additional Advertising \$ \_\_\_\_\_

(Refer to Additional Advertising in previous page, “Information for Exhibitors”;

Please fax Additional Advertising Form with marked selections, with this registration form)

Additional Furnishings \$ \_\_\_\_\_

(Refer to Additional Furnishings in previous page, “Information for Exhibitors”;

Please fax Additional Furnishings Form showing additional chairs, carpet, etc., with this registration form)

Total: \$ \_\_\_\_\_

Please Make Checks Payable to:

L. B. May & Associates

Mail to: L. B. May & Associates, 3517 Neal Dr., Knoxville, TN 37918

Or

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

(VISA, MC, AMEX – **Include CID#** - Circle one)

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

(please print)

**Phone: 865-922-7490 Fax: 865-922-2715**