

PERSONAL INFORMATION

(PLEASE PRINT. INFORMATION WITH AN* WILL APPEAR ON YOUR BADGE)

First Name* _____ Last Name* _____

Job Position/Title* _____

Name of Institution/Affiliation* _____

Mailing Address _____

City _____ State _____ Zip Code _____

Address above is Home Work

Daytime phone: _____ E-mail: _____

REGISTRATION FEES AND MEAL COUNT

Please check each event you will be attending

Conference Registration

FEES

\$295.00 (Includes complimentary
GAM membership)

MEALS (It is very important that you complete this section)

I will attend the Progressive Dinner on Monday evening

I will attend the Auction Social on Tuesday evening

I will attend the Tuesday Lunch

I need a vegetarian meal

Registration Fee \$ _____

Cash – On-site

Membership Fee \$ _____

Check (Payable to Georgia Association of
Museums and Galleries)

Total Due \$ 295.00

Paypal via www.gamg.org

Payment Method:

Registration Instructions

This form is for the use of exhibitors and vendors registering to conduct business only.

Each registrant (including session presenters) must submit a registration form.

Registration Rates

The Vendor/Exhibitor registration rate is \$295.00 and must be received on or before December 28, 2019. Mail to GAM, ATT: Michele Rodgers, P.O. Box 2133, Marietta, GA, 30061.

Spouses or additional presenters attending conference sessions must register.

Spouses participating in the meal events are required to pay as follows.

Lunch \$25.00, Dinner \$25.00