



United Advanced Practice Registered Nurses of Georgia

Payment Method Options: DUE by Saturday, February 27th.

By Check: 1. UAPRN of West GA or 2. www.uaprnwg.enpnetwork.com/
PO Box 543
Fortson, GA 31808

Vendor Cost: \$300.00
TAX ID: 32-0023672

Event Date: Saturday, March 5, 2016
Location: Hilton Garden Inn
1500 Bradley Lake
Columbus, Georgia 31904

Timeframe for vendors: 9:00 AM-1:00 PM

Target Audience: 100-150 attendees

For additional processing information or questions please contact:

Lisa Funston, FNP
l.funston24@gmail.com
706-681-8927

Pamela Shaw-Grant, DNP-FNP
Pgshaw19@gmail.com
706-464-7745

Exhibitor Registration Form

Name of Conference: _____

Name of Organization/Company: _____

Contact Person: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Fee per exhibit space is \$300. Each exhibit space includes a table (6' x 3') plus two chairs. For your fee, you will also receive a continental breakfast and lunch for two representatives.

of exhibit spaces requested: _____ # of lunches: _____

Electrical service is available at no charge. I need electrical service: ____ Yes ____ No

Total enclosed: \$_____ (Reservation will be confirmed once payment is received.)

Please return this form and check payable to:

UAPRN of West GA

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