

EXHIBITOR/SPONSOR REGISTRATION FORM

Please type or print

NAME OF COMPANY _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE (_____) _____ FAX (_____) _____

CONTACT _____

REP TO BE PRESENT AT MEETING _____

REP'S EMAIL ADDRESS _____

COMPANY WEBSITE _____

BRIEF DESCRIPTION OF PRODUCTS TO BE EXHIBITED (40 words or less)

I would like:

- Sponsorship of _____ @ \$ _____
- Exhibit Space (\$1,000)
- Non-profit Organization Space (\$500)

Total Amount Enclosed \$ _____

- I will need electrical services.
Please describe your needs: _____

I have read the Exhibitor Fact Sheet and agree to these terms.

Signed: _____

Please mail this registration form and your check payable to SERGG, Inc.™ to:
SERGG, Inc.'s Federal ID is 58-2514219.

Mary Rose Simpson
SERGG, Inc.™
P.O. Box 1642
Decatur, GA 30031-1642

REGISTRATION DEADLINE: JUNE 30, 2008