



Exhibitor/Contributor Form
2009 Nursing Showcase
Doubletree Hotel
May 1, 2009

Name of Company or Organization: _____

Address: _____

Contact Person: _____

Telephone Numbers _____

E-Mail Address _____

_____ Reserve one exhibit space at the Showcase Pre-Dinner Reception.

_____ Enclosed is a check for \$175.00 made payable to CSRA Chapter GNA.

_____ Number of reserved dinners (\$35.00 each)

_____ Enclosed is a check for dinner(s) payable to CSRA Chapter GNA.

_____ We cannot exhibit but would like to make a monetary donation.

_____ We cannot attend but would like to contribute a door prize.

Please send this reservation form and monies to Cheryl Williams, P.O. Box 1936, Evans, Ga. Call 706-860-3090 to donate door prizes.

This form must be received no later than April 10th.