



www.gahra.org

# Georgia Association of Housing and Redevelopment Authorities, Inc.

1214 Summer Circle NW Conyers, GA 30012

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**EXHIBITOR RESERVATION AND CONTRACT:** Please complete all items. Information regarding program, advance mailing and exhibitors' directory and listing in the program will be compiled from information given below. Mail completed information to 1214 Summer Circle Conyers, GA 30012 by August 31, 2017 to insure that your information will be included in the program.

**GAHRA ANNUAL CONFERENCE September 17<sup>th</sup> – 19<sup>th</sup> 2017 at the Savannah Marriott Riverfront Hotel located at 100 General McIntosh Blvd in Savannah, GA 31401; 912-233-7722.** Room reservations should be made directly with the hotel, or by clicking on the hotel link on the GAHRA website for this conference. Online discounted hotel registrations may be reserved for conference registrants, GAHRA may email you a discounted room link after receiving a conference registration from you.

### METHODS OF PAYMENT:

**ONLINE:** Registrations with credit card payments can be made online at [www.gahra.org/vendors\\_main.aspx](http://www.gahra.org/vendors_main.aspx)  
**CHECK PAYMENT:** Fill out the registration info below and mail your check payable to GAHRA, 1214 Summer Circle Conyers GA 30012.

**EXHIBITOR BOOTH REGISTRATION FEE:** \$575 for exhibit booth space with one representative included,  
**PROFESSIONALS – NO BOOTH** \$275 - One representative, No Booth. Includes publication of company info in program and signage.  
**ADDITIONAL REPRESENTATIVES** (Guests, Co-workers, Spouse, etc) \$175 for each person. Must accompany a booth or professional registration.

Please reserve Booth No. \_\_\_\_\_  
Second Choice, Booth No. \_\_\_\_\_  
Third Choice, Booth No. \_\_\_\_\_

- Please understand that every effort will be made to reserve the booth of your choice, but we cannot guarantee it. The sooner we receive your payment and executed contract, the better chance you will have.

### PLEASE TYPE OR PRINT

COMPANY NAME (List name as you wish it to appear on your booth sign) \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP CODE \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

REPRESENTATIVES ARE AS FOLLOWS: (List name as you wish it to appear on convention badge)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

Will your booth require electrical power? Yes \_\_\_ No \_\_\_

If so, arrangements should be made through the hotel at information listed above. For options, forms, or additional assistance contact Gary Erwin or John Galego.

WE WISH TO DONATE THE FOLLOWING ITEMS FOR DOOR PRIZES: Yes \_\_\_ No \_\_\_

(All drawings will be during the Sunday and/or Monday night receptions and will be conducted publicly by a GAHRA representative in the presence of your staff)

**HOLD HARMLESS CLAUSE:** The exhibitor assumes the entire responsibility and liability for losses, damages and claims arising out of exhibitor's activities on the Hotel premises and will indemnify, defend and hold harmless the Hotel, its agents, servants and employers from any and all such losses, damages and claims. No refunds will be given except for sickness or death and request is made to one of the above listed contacts by September 10, 2017.

# RIVERSIDE PATIO

Exit

Exit

1	2	3	4	5	6	7	8
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Cash Bar

Cash Bar

16	15	14	13	12	11	10	9
17	18	19	20	21	22	23	24

Food

31	30	29	28	27	26	25
32	33	34	35	36	37	38

Food

HOTEL BAR AREA

LOBBY LOUNGE

48	47
49	46
50	45

Food

Cash Bar

39
40
41

GYM

44	43	42
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