



# June 9 - 11, 2017 Vendor Form

COMPANY NAME: \_\_\_\_\_

EXHIBIT CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALT. PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

## BOOTH INFORMATION

Exhibitor Booth—Includes items below*	\$175	X QTY _____	\$
Exhibitor Table—Includes items below*	\$150	X QTY _____	\$
Internet Connection (Single Device Connection)	\$25	X QTY _____	\$
Power connection for booth	\$25	X QTY _____	\$
<b>Total</b>			<b>\$</b>

\*Exhibitor Booth is a minimum of 8' X 8' space and Exhibitor Table is a minimum of 8' X 4'. Both include 1 table (72" X 30"), 2 chairs and (2) 3-Day Passes for the Expo. Both also includes a listing in the vendor section of the Expo Program. *Prices do not include power or internet unless added above. Not all booths have a power option, booking early guarantees power availability.*

Exhibitor agrees to protect, save and hold Renaissance Atlanta Waverly Hotel and Player One, LLC and all agents and employees thereof harmless for any damages or charges imposed for violations of any law or ordinance, whether occasioned by the negligence of the Exhibitor or those holding under the Exhibitor, and further, Exhibitor shall at all times protect, defend, indemnify, save and hold harmless the indemnities against and from any and all losses, costs, damages, liability, or expenses (including attorney's fees) arising from or by reason of any accident or bodily injury or other occurrence to any person or persons, including Exhibitor, its agent, employees and business invites, which arises from or out of the exhibition premises, the hotel or any part thereof. Vendors are expected to remain through all three days of the convention, unless approved in advance by SFGGE organizers.

Accepted by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PAYMENT INFORMATION

CHECK (enclosed)  CREDIT CARD (complete below)



Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV#: \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_