



**8th Annual GAPPI Southeast
Investigators Conference**
November 4-5, 2011
Crowne Plaza - Perimeter NW
6345 Powers Ferry Rd., Atlanta Georgia, 30339
Phone: 770-955-1700

Registration Form

Room Rate Information

Hotel Accommodations: Crowne Plaza - Perimeter NW \$89/night plus tax
Room rate guaranteed until October 20, 2011: Call 770-955-1700 to make your reservation
Make sure you ask for the GAPPI room rate. Parking is free.

Please
check
appropriate
box

Conferences Prices

	Early Registration before 10/20/11	Late Registration	
<input type="checkbox"/> GAPPI or other State PI Association Member:	\$175	\$205	=\$ _____
<input type="checkbox"/> Non-Member:	\$210	\$240	=\$ _____
<input type="checkbox"/> Student:	\$175	\$205	=\$ _____
<input type="checkbox"/> Firearm Requalification/Competition (Nov 3)	\$ 50		=\$ _____
Each additional Firearm (____ X \$25) Cut-off is Nov 1—Contact Willis Craig @ 404-276-0254			=\$ _____
(Walk-in registration welcome based on seating availability)		TOTAL	=\$ _____

Registration Information: (please use one form per attendee)

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

I'm a Member of: GAPPI Other State PI Assn. (Please list): _____

Payment Options:

I have enclosed a check payable to GAPPI for the amount in the "TOTAL" box above.

I want to pay by Credit Card: VISA MasterCard American Express

Card #: _____ Expiration Date: _____

Billing Zip Code: _____ Name on Card: _____

Billing Address: _____

Amount to be charged: _____ Signature: _____

The "fine print":

- Except where otherwise noted, registration includes conference materials, refreshments and lunch each day and attendance certificates (CEU)
- Cancellation deadline is November 1, 2011. No refunds will be issued after this time. An alternate may attend with notification to GAPPI.
- Walk-in registrants will receive conference materials based upon availability.
- Conference seating is classroom style and is "first come - first served." Arrive a little early to get a great seat!
- Returned check fee is \$30.00.

Return payment and registration form to GAPPI, 665 Red Oak Road, Stockbridge, GA 30281
Phone: 404-766-1632 Fax: 404-768-7767 E-mail: vernon@ahqi.com



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Sponsorship Form

Please check the appropriate boxes.

- | | | | |
|---|---------------|--|---------------|
| <input type="checkbox"/> Event Sponsor
Prominent signage throughout the conference, material distributed, introduction and brief comments at the luncheon and a full page ad in the conference program. | \$1000 | <input type="checkbox"/> Saturday Break Sponsor(s)
Morning or Afternoon Break
Signage at the break, material distributed, acknowledgement in the program and a business card size ad in the program. | \$ 150 |
| <input type="checkbox"/> Lunch Sponsor(s)
Friday or Saturday Lunch
Signage at the lunch with introduction and brief comments, material distributed and 1/2 page size in the program. | \$ 500 | <input type="checkbox"/> Hospitality Suite Sponsor
Signage at the Hospitality Suite and recognition in the program. | \$ 100 |
| <input type="checkbox"/> Friday Break Sponsor(s)
Morning or Afternoon Break
Signage at the break, material distributed, acknowledgement in the program and a business card size ad in the program. | \$ 150 | <input type="checkbox"/> Vendor Table Top Displays
Vendor table includes a maximum of 2 people.
Includes: Draped table and 2 chairs.
Additional people are \$50 each. | \$ 200 |

Conference Program Advertising Rates - Camera ready (electronic hi-res formats preferred - jpg, tiff, pdf)

Please e-mail your camera ready ad, art and/or text to vernon@ahqi.com

- | | | | | | |
|---|------|---|-------|---|-------|
| <input type="checkbox"/> Business card size | \$25 | <input type="checkbox"/> Full Page (B/W) | \$100 | <input type="checkbox"/> Inside Front Cover (color) | \$250 |
| <input type="checkbox"/> 1/2 Page (B/W) | \$50 | <input type="checkbox"/> Back Cover (color) | \$400 | <input type="checkbox"/> Inside Back Cover (color) | \$250 |

Please check and complete all applicable items:

- | | | | |
|---|----------|-------------------------------------|-------|
| <input type="checkbox"/> Sponsorship Total | \$ _____ | Sponsorship Type: | _____ |
| <input type="checkbox"/> Vendor Table Total | \$ _____ | # of Additional Company Rep x \$50: | _____ |
| <input type="checkbox"/> Advertising Total | \$ _____ | Advertisement Size: | _____ |
| Total = | \$ _____ | | |

Name: _____

Name of additional people: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

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- I want to pay by Credit Card: VISA MasterCard American Express
- Card #: _____ Expiration Date: _____
- Billing Zip Code: _____ Name on Card: _____
- Billing Address: _____
- Amount to be charged: _____ Signature: _____

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