

GULF INTRACOASTAL CANAL ASSOCIATION 109th Annual CONVENTION Westin Canal Place, August 6-8, New Orleans, LA -- REGISTRATION FORM

ATTENDEE REGISTRATION · REGISTRATION FEE: **\$400** · GOVERNMENT EMPLOYEES: **\$200**

Name _____ Company / Agency _____

Address _____ City _____ ST _____ Zip _____

Phone _____ E-mail _____

Convention Events:

Please Print Nametags as follows:

GOLF \$50 Wednesday Morning Handicap _____ Registrant _____

Wednesday Night Reception Number Attending _____ (no charge)

Thursday Luncheon Number attending _____ (no charge) Attending Thursday Spouses' Event Y / N (no charge)

PLEASE INDICATE ANY SPECIAL DIETARY NEEDS _____

EXHIBITOR REGISTRATION EXHIBITOR FEE: **\$700** Includes one FREE Convention Registration

Name _____ Company _____

Address _____ City _____ ST _____ Zip _____

Phone _____ E-mail _____

Name of person who will claim free convention registration if other than above _____

Requirements: Skirted table(s) ___ qty. Electricity Easel(s)* ___ qty.

*Exhibitor responsible for any additional charges assessed by hotel for easels and wireless internet

Displays should be set up prior to 3:00 pm Wednesday, August 6 and may remain until the close of the meeting, Friday August 8 at 12:00 p.m. **Please note** exhibitors are still required to complete a separate convention registration form as an attendee to ensure adequate planning for all convention activities.

EXHIBITOR FORMS MUST BE RECEIVED BY AUGUST 1, 2014 to guarantee space availability.

SPONSORSHIP

Name _____ Company _____

Address _____ City _____ ST _____ Zip _____

Phone _____ E-mail _____

Sponsorship level: Platinum \$2500 and up Gold \$1000 and up Silver \$ 750 and up Bronze (up to) \$ 749.00

Please also forward your company logo in vector-based or high-resolution rasterized format, AND a photo, if desired, for inclusion in the sponsor slideshow and printed materials to jstark@gicaonline.com.

PAYMENT INFORMATION Check - DISCOVER - MasterCard - VISA - American Express

Total Due (Registration / Exhibitor / Sponsorship/Golf) \$ _____

___ Check Enclosed

___ Credit Card: Type _____ Acct No. _____ Exp. Date _____ Security Code _____

MAIL THIS COMPLETED FORM AND PAYMENT TO: GICA 2014 CONVENTION, P.O. Box 6846, New Orleans, LA 70174

OR Register ONLINE at www.gica2014.eventbrite.com Questions? 901-490-3312 email: jstark@gicaonline.com