GEORGIA ACCOUNTING INFORMATION NETWORK SUPPORT, INC. 2019 ANNUAL CONFERENCE **SPONSOR APPLICATION**

CO-SPONSOR

I would like to sponsor or co-sponsor the following conference functions. Please circle the applicable dollar amount below: **SPONSOR**

Dinner with the Board on Wednesday eveni	ng (please check if you are	interested)
Thursday –Breakfast	\$1,500*	\$1,000
Thursday –Lunch	\$3,000*	\$1,500
Friday –Breakfast	\$2,000*	\$1,000
Thursday - Morning Break	\$ 500	\$ 250
Thursday – Afternoon Break	\$ 500	\$ 250
Friday – Morning Break	\$ 500	\$ 250
Friday – Travel Snack	\$ 500	N/A
*Meal sponsors will be allotted five minutes to promote their company during the meal which they sponsor.		
Co-sponsors of meals will also be recognized recognized in the conference agenda.	ed at these times. Meal spo	nsors and co-sponsors will also be
Contact Person:		
Address:		
Telephone	Fax:	
E-mail		
Total amount of check:		
Please attach your company check to this form and return by April 12, 2019 to: GAINS c/o Jan Simmons 739 Barnes Mill Road Hamilton, Georgia, 31811		

Phone 706-662-2739