



Georgia Head Start Association, Inc.

Tevin Roberts, Executive Officer

815 Park North Boulevard

Clarkston, GA 30021

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The mission of the Georgia Head Start Association, is to provide education, leadership, and advocacy that supports Head Start program's efforts in delivering high quality comprehensive services to Georgia's children, families and communities.

EXHIBITOR/SPONSOR INFORMATION



RESPONSE REQUESTED BY April 14, 2017

2017 Annual Spring "**Spring Into Action... Innovate! Integrate!
Motivate**" Training Conference

Celebrating Over 50 Years

Join us for this training conference where there will be ample opportunities for education, support and networking among Georgia's Head Start and Early Head Start programs.

The conference will be held at Epworth by the Sea in St. Simons Island, GA from **May 10-12, 2017**.

We expect over 400 participants. Following are several opportunities for you to support our conference while representing your business and products:

- [1] ***Exhibit Tables***
- [2] ***Program Ads***
- [3] ***Sponsorships, Conference Bag Stuffers, Door Prizes and Live Auction items***

Specific information relating to each opportunity follows. Georgia Head Start looks forward to your partnership and participation in this event.

Georgia Head Start Association's vision is to be a positive voice, a powerful advocate and promoter of quality programs for Georgia's children, families and communities as they prepare for life-long success.



[2]

**2017 Georgia Head Start Association
Celebrating over 50 years
Spring Training Conference**

Theme: (Spring Into Action.... Innovate! Integrate! Motivate!)

**May 10-12, 2017
Epworth-by-the-Sea, St. Simons, Georgia**

Exhibit Table Registration Form

To reserve exhibit space, complete this form, include a check for the full amount made payable to: Georgia Head Start Association, 815 Park North Boulevard, Clarkston, GA 30021. **Registrations received without payment will not secure a reservation.**

Company/Exhibitor: _____

Contact person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email _____

Website address: _____

Products and services to be displayed: _____

Space will be assigned on a first-come, first-served basis. Please reference the attached exhibit hall floor plan and indicate 1st, 2nd & 3rd choices.

Tabletop Booth Selection (\$325): (\$225-if company exhibits and presents a workshop)

First Choice _____ Second Choice _____ Third Choice _____

The following person* will be staffing the exhibit space.

*One conference registration will be awarded for each exhibit tabletop reserved.

- I would like to register additional staff for the conference in the amount of \$80.00 per person.

Name: _____

Name: _____

Tabletop Booth _____ x \$325 each = _____
Table Booth plus workshop _____ x \$225 each = _____
Additional Tabletops _____ x \$150 each = _____
Number of Additional Staff _____ x \$ 80 each = _____
TOTAL AMOUNT SUBMITTED: \$ _____

(Please make check payable to Georgia Head Start Association)

Brief company description as you would like it to appear in the Directory of Exhibitors.

* Exhibitors are also asked to provide a door prize for drawings.

Please return form with payment to:

Georgia Head Start Association
815 Park North Boulevard
Clarkston, GA 30021

Phone: 404-929-2457

E-mail: gaheadstartassociation@gmail.com

Please make check payable to:
Georgia Head Start Association

**Registration and payment
must be received no later
than **April 21, 2017****