



**2017 Georgia Department of Corrections &
CEA Region VIII Training Conference**
Marriott Savannah Riverfront: June 11-13, 2017



Exhibitor Registration Form

Name: _____ Title: _____

Email Address: _____

Company/Institution: _____

Address: _____

_____ Phone Number: _____

City: _____ ST: ____ ZIP: _____

CEA Member? ____ Membership Number: _____

Additional Representatives Attending: _____

Conference Information & Registration:

Exhibit days and times will be as follows:

Monday, June 12: 7:00 am – 6:30 pm

Tuesday, June 13: 7:00 am – 3:00 pm

Exhibits will be set up in the general ballroom. Estimated Attendance: 250-300. This is a training for Georgia Department of Corrections and CEA Region VIII which covers the states of AL, GA, MS, NC, SC, and TN as well as Puerto Rico. Set up begins Sunday at 4:00 pm or before 7:00 am Monday morning. Breakfast starts at 7:00 am in the ballroom.

Registration fee will include breakfast, lunch, and breaks on Monday and Tuesday.

Each vendor will have one draped six-foot table. Company name with contact information will be listed in the conference program.

One table	\$300.00	_____
Additional Representative	\$175.00	_____

Registration Subtotal: \$ _____

Electricity is available at \$75 a day. Will you need electricity? Yes _____

Advertising in the Conference Program:

Quarter-page 3.5"x 4.75" ad	\$ 50.00 _____
Half-page 4.75" x 7.75" ad	\$100.00 _____
Full-page 7.75"x 10.25" ad	\$150.00 _____

Ad copy should be in pdf, jpeg, or tiff formats - 300 dpi

Ad copy **MUST** be sent by May 5th to Susan McKee at spmckee619@gmail.com
Questions, please call 205-242-8895.

Sponsorships: Our company would like to make an additional commitment to this conference and become a recognized sponsor in the amount of \$_____.
You will be recognized in the program and have time at one of the meals to talk about your company.

Or you may sponsor

Monday Breakfast	\$ _____
Monday Lunch	\$ _____
Tuesday Breakfast	\$ _____
Tuesday Lunch	\$ _____
Break	\$ _____

You will be recognized in the program and at the event.

Workshops: Our company is interested in presenting a workshop. _____

Please request the Call for Presenters from Dr. Susan McKee, Director of CEA Region VIII at spmckee619@gmail.com.

Payment:

Registration:	\$ _____
Electricity	\$ _____
Advertising:	\$ _____
Sponsorship:	\$ _____

TOTAL ENCLOSED: \$ _____

Please make checks payable to **CEA Region VIII**. Payment and this form **MUST** be received by **May 5, 2017 at:**

CEA Region VIII . 10838 Mallard Lake Lane . Cottondale, AL 35453

Hotel Reservation: To make a reservation, please call the hotel below directly.

Marriott Savannah Riverfront

~ 100 General McIntosh Blvd. ~ Savannah, GA 41301 ~ 912-233-7722

Hotel special room rates are \$159 single or \$189 for double occupancy per night plus tax. These rates are good up **until May 11**. Parking is \$17 a day. Vendors should call the hotel and use the code GA DOC Individual. May also make reservations using this link:

[**Book your group rate for GA DOC INDIVIDUAL**](#)

Questions: Contact **Dr. Susan McKee:** spmckee619@gmail.com or 205-242-8895.