GULF INTRACOASTAL CANAL ASSOCIATION 108th Annual CONVENTION
Westin Canal Place, August 7-9, 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 – Wednesday Morning Number attending _____ Registrant _____
*Handicap*_____

Wednesday Awards Dinner Number attending _____ Spouse _____ (No Charge)

Thursday Luncheon Number attending _____ *Attending Thursday Spouses' Event* Y / N

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 7 and may remain until the close of the meeting, Friday August 9 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, 2013** to guarantee space availability.

SPONSORSHIP

Name _____ Company _____

Address _____ City _____ ST _____ Zip _____

Phone _____ E-mail _____

Sponsorship level: ☐ **$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) $_____

___ Check Enclosed

___ Credit Card: Type_____ Acct No._____ Exp. Date _____ Security Code_____

MAIL THIS COMPLETED FORM AND PAYMENT TO: GICA 2013 CONVENTION, P.O. Box 6846, New Orleans, LA 70174

OR Register ONLINE at www.gica2013.eventbrite.com Questions? 901-490-3312 email: jstark@gicaonline.com