

GABBS 2009 EXHIBITOR REGISTRATION FORM
please print this page and fax completed form to: 865-922-2715

Company Name: _____

Contact Person: _____

Address: _____ **ST:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Free Badges:

1. _____

2. _____

3. _____

4. _____

Booth/Table Space: _____ **No. of Tables** _____

Cost per Table: _____ **x No. of Tables = \$** _____

(Cost per table is based on qty of tables – see Table Costs link in the “Information for Exhibitors” page)

Advertising Fee: \$ _____

(Includes print advertising, direct mailings, trade shows, emails, direct calling, webhosting & more!)

Additional Advertising \$ _____

(Refer to Additional Advertising in previous page, “Information for Exhibitors”;

Please fax Additional Advertising Form with marked selections, with this registration form)

Additional Furnishings \$ _____

(Refer to Additional Furnishings in previous page, “Information for Exhibitors”;

Please fax Additional Furnishings Form showing additional chairs, carpet, etc., with this registration form)

Total: \$ _____

Please Make Checks Payable to:

“GABBS”

The Great American Bargain Book Show, 3517 Neal Dr., Knoxville, TN 37918

Or

Credit Card Number: _____ **Exp. Date:** _____

(VISA, MC, AMEX – Include CID# - Circle one)

Name: _____ **Signature:** _____

(please print)