



2021 Associates EXPO Builder Appreciation Night

Market your products &
services at the annual
Associates EXPO

Invitation to
GBA Builder Members &
Exhibitors ONLY

Thursday, October 7
4:30 – 6:30 pm

Limited to 30 Exhibitors

- Each exhibit space has a table with tablecloth provided. Exhibit tables are under an open-air tent.
- The cost per exhibit space is \$ 450 which includes 2 company representatives.
- All exhibitors are encouraged to provide a door prize valued at \$50+. Door prizes will be listed in event promotions to builders prior to event.
- Exhibit space reservations based on first come-first serve with payment.
- Any entries received after September 30 will be \$550. Refunds will not be given after September 30.
- Set-Up Hours: 3-4 pm - Exhibitors must be set by 4:15 pm.
- Break-Down: 6:30-7:30 pm - Exhibit materials must be removed by 8 pm.
- NOTE: This is not a general membership event...invitation ONLY for GBA Builders & Remodelers.

Please note all exhibitors and attendees will be asked to follow regulatory and/or CDC guidelines in place at the time of the event.

Thursday, October 7
Gray Gables 4105 Oak Ridge Road - Summerfield

Exhibitor Registration

Company: _____

Contact: _____

Phone: _____ Mobile: _____

Email: _____

Exhibit Space Reservation:

____ Prior to September 30 \$ 450 ____ After September 30 \$ 550

Exhibitor Registration provides for 2 company representatives due to space limitations

Electrical: ____ Yes ____ No

Door Prize to be provided: _____

Door Prize will be listed in Builder event promotions

Registration: Mavis Holcombe (336) 706-6942

mholcombe@greensborobuilders.org

Payment: Online or Submit Information Below

Upon receipt of registration, you will be contacted to confirm exhibit location

ONLINE PAYMENT CENTER: WWW.GREENSBOROBUILDERS.ORG

PAYMENT: \$ _____ METHOD: ____CHECK ____MC ____VISA ____AMEX

CREDIT CARD #: _____

EXP DATE: _____ SECURITY CODE: _____

SIGNATURE: _____

ADDITIONAL INFORMATION: GBA OFFICE (336) 855-6255

MAILING ADDRESS: P.O. Box 41135 GREENSBORO NC 27404

Administrative: Table: _____ Date Received: _____ Payment: _____