



# 2022 Associates EXPO Builder Appreciation Night

Market your products &  
services at the annual

## Associates EXPO

Invitation to  
GBA Builder Members &  
Exhibitors ONLY

Wednesday, September 21  
5:00 – 7:00 pm

### Limited to 35 Exhibitors

- Each exhibit space has a table with tablecloth provided. Exhibit tables are located throughout showroom.
- The cost per exhibit space is \$ 450 which includes 2 company representatives...dinner provided.
- 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 14 will be \$550. Refunds will not be given after September 14.
- Set-Up Hours: 3:30 - 4:45 pm  
Exhibitors must be set up by 4:45 pm.
- Break-Down: 7:00-8:00 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.

Wednesday, September 21  
Bill Black Chevrolet 601 E. Bessemer Avenue

### Exhibitor Registration

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### Exhibit Space Reservation:

\_\_\_\_ Prior to September 14 \$ 450 \_\_\_\_ After September 14 \$ 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](mailto: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](http://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: \_\_\_\_\_