

November 2, 2023

Dear Valued Exhibitor:

It is my pleasure to welcome you to the Georgia Tech Hotel and Conference Center for the Annual Georgia Tech Protective Relay/Fault Disturbance Conference taking place Monday April 22 – Friday April 26, 2024.

Attached is our exhibitor package which outlines the information needed to confirm hospitality and/or meeting space, guest room needs and billing information. Please return the enclosed exhibit request and Credit Card Authorization Form by Monday, March 4, 2024. The credit card authorization from will follow in a separate secure email via Sertify. For those wishing to remain in their existing space, I will need both documents returned together by the above date. A \$500 deposit will be charged to the credit card to hold/confirm the space. If paying the deposit by wire or check this must also be received by the above date.

Any exhibitor that wishes to explore alternate arrangements or any exhibitor that has not returned their documentation by Monday, March 4, 2024 will be assigned space on a first come first serve basis beginning on March 11 2024.

Click on the link to book your reservations for Protective Relaying
Conference PRC/FDA Fault Disturbance on April 21- 26, 2024

# http://bookings.ihotelier.com/bookings.jsp?groupID=4057174&h otelID=75983

Or guests can call the hotel directly at (800) 706-2899 or (404) 838-2100.

A deposit equal to the first night's stay plus taxes and Georgia State lodging fee (totaling \$266.86) will be processed on or about March 22, 2024. In order to avoid a cancellation fee equal to this amount, the reservation must be cancelled by the guest by 4:00pm on March 30, 2024. Any reservations cancelled after 4:00pm on March 30, 2024 will forfeit this deposit as a cancellation fee. Reservations department: 404-838-2100 or 1-800-706-2899.

<u>Both King and Double Queen</u> bedding accommodations have been blocked for this group. Please note that all guestrooms are non-smoking. Hotel reservation's hours are Monday through Friday 8am-5pm.

## <u>Please make sleeping room reservations early as demand is very high over these dates.</u>

Thank you again for participating in this annual event. We look forward to making this year's Protective Relay/Fault Disturbance Conference the best yet!

Sincerely,

Edie Havens, CMP
Director of Conference Planning
Georgia Tech Hotel and Conference Center
Edie.havens@gatechhotel.com
P-404-838-2031
F-404-347-9088



### **Hospitality Package Options**

### 1. Hospitality Room Packages (Various Private Meeting Rooms)\*:

**\$1,490.00**++ (Total Food and Beverage Sales Per Day) ++ *Indicates 25% Service Charge and 8.9% Sales Tax* **OR** \$990.00++ Per Day (Rental Fee).

<u>Price Includes</u>: Hospitality Room, (1) 6' Skirted Table with (2) Chairs, (1) 20 Amp/120 Volt Circuit.

\*Minimum three (3) day rental on exhibit space is required. Exhibitors can request any three consecutive days starting from Monday, May 1 to Thursday May 4, 2023.

# 2. <u>Hospitality Booth Packages (Shared Booth space in Conference Room A )\*:</u> \$890.00+ Per Day Per Booth

+Indicates 8.9% Sales Tax.

Price Includes: Either a 8'x10' or a 6' x10' Hospitality Booth (<u>Booth size will vary based on meeting room assignment</u>), (1) 6' Skirted Table With (2) Chairs, (1) 20 Amp/120 Volt Circuit, Food and Beverage to Include Chef's Choice Hot and Cold Hors D'oeuvres Monday-Thursday (Soft Drink Tickets May be Purchased at \$4.00++ Each and Beer and Wine Tickets at \$7.00++ Each and Mixed Drinks at \$8.00++Each).

++Indicates 25% Service Charge and 8.9% Sales Tax.

\*Minimum three (3) day rental on exhibit space is required. Exhibitors can request any three consecutive days starting from Monday, May 1 to Thursday May 4, 2023.

# 3. <u>Hospitality Pre Function Booth Packages</u> (High visibility area outside the Ballroom and breakout rooms)\*

**\$990.00**+ Per Day Per Booth

+Indicates 8.9% Sales Tax.

Price Includes: Either a 8'x10' or a 6' x10' Hospitality Booth (<u>Booth size will vary based on size of foyer space</u>), (1) 6' Skirted Table With (2) Chairs, (1) 20 Amp/120 Volt Circuit, Food and Beverage to Include Chef's Choice Hot and Cold Hors D'oeuvres Monday-Thursday (Soft Drink Tickets May be Purchased at \$4.00++ Each and Beer and Wine Tickets at \$8.00++ Each and Mixed Drinks at \$9.00++Each).

++Indicates 25% Service Charge and 8.9% Sales Tax.

\*Minimum three (3) day rental on exhibit space is required. Exhibitors can request any three consecutive days starting from Monday, April 22 to Thursday April 25, 2024.

### **Setup Hours**

♦ Hospitality Rooms and Booths will be available for setup beginning either Monday April 22 or Tuesday, April 23 at 11:00am. Set up day and time will be based on which days have been selected to exhibit. Additional charges will apply for earlier set up.

#### **Hospitality Hours**

♦ Monday, April 22 for (Fault Disturbance) and Tuesday, April 23 - Thursday, April 25 for (PRC), **5:00pm-9:00pm**.

### **Teardown Hours**

♦ Hospitality Rooms and Booths: Thursday, April 25, 10:00pm-12:00am



### **REQUEST FOR HOSPITALITY ROOM / BOOTHS**

Vendor hereby applies for hospitality space at the Georgia Tech Hotel and Conference Center for the Annual Georgia Tech Protective Relay Conference. Exhibitor understands that Georgia Tech Hotel and Conference Center may reject this application in its sole and absolute discretion. If accepted by Georgia Tech Hotel and Conference Center, vendor agrees that by the submission of this contract for hospitality space (this "contract") and its authorized signature below, this contract is accepted by vendor according to the terms and conditions as stated on the following pages of this application. The stating of additional or different terms will be deemed to constitute a reject of this contract.

| Please print or type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Title:                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                     |
| Company Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                     |
| Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                     |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | State:                                                                                                                                                             | Zip Code:                                                                                                                                                                                                                                                                                                                                                                                           |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Ce                                                                                                                                                                 | ell Phone:                                                                                                                                                                                                                                                                                                                                                                                          |
| Specific Booth/specific Room                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Request:                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                     |
| Dates/Times Space Needed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                     |
| MATERIAL HANDLING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>3</u>                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                     |
| or less. There w  Direct shipments dock space and shipped directly  All other freight N addressed C/O C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | vill be a charge of \$15.00 pto the hotel may NOT arrivatorage space. Hotel does to the hotel.  IUST be handled through Cherry Convention Services material handle | GT Hotel, the maximum amount allowed will be 70pounds for BOX inbound and outbound per box.  We prior to Friday April 19, 2024 due to limited loading is not have a pallet jack so no pallets will be accepted if  Cherry Convention Services, Inc. Large freight must be ses for them to handle.  Ing services includes roundtrip of both inbound and information from them will be sent out soon. |
| I am shipping I understand the a charge of OR I am using Cherry Cor  ELECTRICAL NEEDS Electrical needs must be requested and in the company of the company o | \$15.00 per box for both in both in both in both services for my should be setted at least (3) three were                                                          | eks prior to your date of arrival to ensure accuracy and                                                                                                                                                                                                                                                                                                                                            |
| Each ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MPS/120 Volts<br>ditional 20 Amps Circuit<br>on Cords and Power strips                                                                                             | Free of Charge<br>\$75.00++<br>\$25.00                                                                                                                                                                                                                                                                                                                                                              |
| <u>EQUIPMENT</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                     |
| Additional Banquet Chair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (s) at \$2.00 each Add                                                                                                                                             | ditional 6' x30" skirted table(s) at \$10.00 each                                                                                                                                                                                                                                                                                                                                                   |
| Signature of applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date _                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                     |