



# Georgia Association of Professional Private Investigators Virtual Fall Training



## VENDOR PARTICIPATION AGREEMENT

**GAPPI is hosting a virtual conference November 10 and we are looking for vendors!**

**Here is how this will work.**

**Between speakers we will have a slide show with vendor's logos, contact information and a description of the products or service provided. At the end of the conference the attendees will receive an email list of participating vendors along with a description of your products or services.**

**DATE: November 10, 2023**

**COST: \$100**

**To register, mail this agreement and a check for the appropriate amount to:  
GAPPI, 35 Griffin Street, McDonough, GA - Checks payable to GAPPI  
Or mail back with credit card payment**

By signing this agreement, I/we agree and commit to participate in *The GAPPI Southeast Investigators Conference* as described above.

**Agreement accepted by** (please sign and print name) \_\_\_\_\_ **Date** \_\_\_\_\_

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**GAPPI member?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Products or Services provided:** \_\_\_\_\_

For further information or questions: Vernon Thomas, GAPPI 404-766-1632

**Please return by November 6**

|                                     |            |                       |
|-------------------------------------|------------|-----------------------|
| MasterCard _____                    | Visa _____ | AMEX _____            |
| Name on Card _____                  |            |                       |
| Card Number _____                   |            | Expiration Date _____ |
| Signature _____                     |            |                       |
| Credit Card Billing Zip Code: _____ |            | Security Code: _____  |