

Georgia Society of Anesthesiologists

2026 Summer Meeting

August 21-23, 2026

Activity Directors: Austin DeBeaux, MD and Devin Weinberg, MD, PhD



Exhibitor Prospectus

www.gsahq.org

2026 Summer Meeting

August 21-23, 2026

Legacy Lodge at Lake Lanier Islands



Georgia Society of Anesthesiologists
New Address:
PO Box 10977
Atlanta, GA 30310

Phone: (678) 222-4224
Email: events@gsahq.org
website: www.gsahq.org

Exhibit Opportunities

Exhibitors enjoy remarkable access to existing and potential customers at GSA events. Meet decision makers or renew relations with clients, prospects, and users from anesthesia practices throughout Georgia.

Benefits

- More than 100 Anesthesiologists, Resident Physicians, and Certified Anesthesiologist Assistants attend the event
- GSA assures ample time to network at all breakfasts, breaks, and family-friendly social events
- Breaks and breakfasts are conducted in the exhibit hall
- Exhibitor fee includes 6-foot tabletop for display, seating, and tickets to social events/breakfasts
- Recognition in activity syllabus
- Email list of registrants

Fees

Reserve your booth by **July 21, 2026**

[Click here to register.](#)

- Exhibitor Level: \$1,250
- Emerald Level: \$2,500*
- Platinum Level: \$5,000*
- Presidential Level: \$10,000*

Equipment and Services

All booths include one 6-foot draped table with two chairs in the Exhibit Area. **Please note that all equipment must fit in the designated space. Placing equipment in other areas of the exhibit area is prohibited.**

Sponsor Opportunities

Exhibitors may choose to contribute additional financial support to assist with the costs of a reception, meal, or other activity. These extraordinary supporters receive recognition from the podium and on signage located throughout the conference.

Friday Reception: \$1,000.00 or higher

Saturday Breakfast, Breaks: \$1,000.00 or higher

Sunday Breakfast or Break: \$1,000.00 or higher

Unrestricted Educational Grants: \$500 or higher

Exhibit Schedule & Registration

Registration Hours

Friday, August 21 2026: 3:00-5:00 pm

Saturday, August 22 2026: 6:30 am

Exhibit Assembly

Friday, August 21 2026 4:00—6:00 p.m.

Saturday, August 22 2026 6:00 a.m.

Exhibit Hours **subject to schedule change*

Saturday, August 22 2026: 6:30—7:30 a.m. | 9:30—10:00 a.m.

Sunday, August 23 2026 6:30 to 7:30 a.m. | 8:30 to 9:00 a.m.

Exhibitors are invited to the reception on Friday and Saturday nights.

Exhibit Disassembly

Sunday, August 23 2026: 9:30 -- 11:30 a.m.

Booth Reservation

The application for the exhibit space and sponsor opportunities is found online at <https://gesa.memberclicks.net/exhibit26>

Badges

Exhibitor badges will be distributed as designated below. Exhibitors are allowed access to meals/breaks, and social events. Additional guest tickets for social events are available for purchase or in one of the premium levels.

Hotel Information

Legacy Lodge at Lake Lanier
Islands

7000 Lanier Islands Pkwy
Buford, GA 30518



Room Block Link

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Shipping Information

Packages for the meeting should not be delivered to the Legacy Lodge before **August 19, 2026**.

All heavy packages needs to be disclosed to the hotel ahead of time. Additional fees may apply.

The following information must be included on all packages to ensure proper delivery.

1. **Conference Name:** GSA 2026 Summer Meeting
2. **Exhibitor's Name & Company Name**
3. **Date of Function:** August 21, 2026
4. **Legacy Lodge at Lake Lanier Islands**
Attn: Krista Milligan
7000 Lanier Islands Pkwy
Buford, GA 301518

Documents

Category 1 AMA CME credits will be offered during the meeting. National policies and procedures adopted by the American Medical Association, the Accreditation Council for CME and the Pharmaceutical Manufacturers Association have been endorsed and adopted by GSA.

To ensure that all educational requirements for the program are met, the exhibitor is required to follow the policies and procedures as outlined in the Exhibitors Policies (page 5).

- [Letter of Agreement](#) 

Exhibiting Policies

<p><u>Contract:</u> The Rules and Regulations become binding upon acceptance of this contract between the applicant, inclusive of employees and agents, and the GA Society of Anesthesiologists (GSA).</p> <p><u>Cancellation of exhibit space:</u> A written notice of exhibit space cancellation must be sent to the office of GSA: (a) Notices received on or before 30 days from the show start date will receive a full refund (b) No refunds will be made thereafter.</p>	<p><u>Exhibit Descriptions:</u> Booth packages includes (1) 6' Draped table; (2) Chairs</p> <p><u>Liability:</u> Hotel management and GSA will take every precaution to ensure attendee safety and protection. However, the hotel or GSA shall not be held responsible for losses <u>due to theft or fires, etc.</u> Vendors should secure sufficient liability insurance to protect property in case of such events.</p>
<p><u>Application to Exhibit:</u> GSA reserves the right to determine eligibility of an exhibit at all meetings.</p> <p><u>Use of Exhibit Space:</u> No exhibitor may assign or sublet any portion of exhibit space to another exhibitor without the written permission of the GSA Conference Coordinator. Another shall not infringe upon the rights and privileges of any exhibitor. Interviews, demonstrations, distribution of literature or samples, etc. must be made inside the exhibitor's booth. Canvassing outside the booth is forbidden.</p>	<p><u>Exhibitor Access:</u> Exhibitors are allowed up to two representatives per booth. Additional badges are available at an additional charge. Premium packages are available for additional personnel. Exhibitors will be allowed to access the exhibit area 30 minutes before opening.</p> <p><u>Exhibitor Fees & Terms:</u> Exhibitor space cost is outlined in Exhibit Opportunity section. An exhibitor application must be accompanied by full payment. Payment must be received in full at least 30 days prior to the start of the meeting.</p>
<p><u>Rules for Exhibits:</u> A) No combustible materials may be used in the exhibits (i.e. crepe paper, cardboard, balloons). All exhibits must conform to Fire Department Regulations. B) Nothing is to be tacked, nailed, screwed or otherwise affixed to the walls, columns, floors or furniture or other properties of the building. C) The exhibitor shall install, or make arrangements to install, the exhibit before the published start of the exhibit hours and dismantle and remove the exhibit immediately after the published close of the exhibit hours. D) Any property shipped to or from the exhibit hall for display at the meeting is the sole risk and responsibility of the exhibitor. E) <u>Exhibits must be staffed at all times during exhibit hours.</u> F) No objectionable lights or noises will be allowed in any exhibitor space. The GSA reserves the right to remove any objectionable equipment of exhibitor. G) The sides of the standard inline 6x8 Exhibit Space may be no higher than 3 feet so that all vendors are in view. The decision of a GSA representative regarding this rule is final. H) Exhibitors acknowledge and consent to exhibit hall photos, recordings and news releases. I) The GSA reserves the right without notice to modify the meeting agenda, hours of exhibition, and location of exhibits should circumstance warrant. J) Attire consistent with the decorum of the GSA meeting is required for exhibit personnel. K) Exhibitors may not photograph or videotape any other exhibit in the exhibit space</p>	<p><u>Giveaways:</u> Customary descriptive product literature, note pads, pens, pencils, and other items may be distributed; however, any item of value of more than \$25 must be approved by GSA. No contest, lotteries or games of chance are allowed. The GSA logo is trademarked by and is the exclusive property of GSA. An individual, company, or organization may not use the GSA logo in any way. The logo may not be associated with any promotional materials, mailings, giveaways, or contests.</p> <p><u>Notice of Disability:</u> In compliance with the Americans with Disabilities Act of 1990, the GSA will make all reasonable efforts to accommodate persons with disabilities at its meetings. Please call GSA with any requests at 678-222-4224.</p> <p><u>Space Assignment:</u> Space assignments will be made on a first come, first served basis. The GSA reserves the right to make changes in assignments at any time.</p> <p><u>Sales/Order Tracking:</u> The purpose of the exhibit area is to complement the educational agenda of the meeting through displays and demonstrations. Sales and order taking are permitted provided all transactions are conducted in a manner consistent with the professional nature of the meeting. Products for sale must be the exhibitor's own unaltered products. The GSA reserves the right to restrict sales activities that it deems inappropriate or unprofessional. Exhibitors must comply with all local sales tax requirements.</p>
<p><u>Cancellation of Meeting:</u> GSA shall not be liable for any expenses or losses incurred by the exhibitor should any situation arise that is beyond the control of GSA that prevents the opening of any meeting, the holding of a meeting and/or the exhibit portion.</p> <p><u>Signage:</u> Signs and banners within each booth must contain content that is appropriate and professional. The GSA reserves the right to require any exhibit to remove signs or banners that it deems inappropriate, unprofessional or placed outside approved areas.</p>	

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	Georgia Society of Anesthesiologists, Inc.	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.	
	<input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
	Exempt payee code (if any) <u>5</u> Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
5 Address (number, street, and apt. or suite no.). See instructions.		
PO Box 10977		
6 City, state, and ZIP code		
Atlanta, GA 30310		
7 List account number(s) here (optional)		
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
-				-					
or									
Employer identification number									
5	8	-	1	6	6	4	8	3	1

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <i>Stephanie Bowen</i>	Date 5/12/2025
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Questions?

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