



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

Dear (Exhibitor Name):

You are cordially invited to be an exhibitor at the Georgia Medicaid Fair! There is no charge for your participation.

The Department of Community Health's (DCH) Division of Medical Assistance Plans and HP Enterprise Services (HPES) will hold their semiannual Georgia Medicaid Fair on Wednesday, May 6, 2015, at the Gwinnett Convention Center.

This is your opportunity to directly interface with providers and other key Medicaid, PeachCare for Kids® and Medicaid Waiver Program stakeholders including DCH officials as well as HPES personnel. So don't miss out! **Please notify us by Friday, March 31, if you intend to exhibit at this event by registering below.**

Exhibits open at 9 a.m. and close at 5:30 p.m. Exhibitors may begin set-up in Exhibit Hall B at 6 a.m. At this time, we cannot offer set-up on the day prior to the Medicaid Fair; however, we will contact you if this changes.

You may ship exhibit supplies to the facility, but the Gwinnett Convention Center will not accept shipments earlier than May 4, 2015. Please ship supplies to:

Gwinnett Convention Center  
6400 Sugarloaf Parkway  
Duluth, GA 30097  
Attention: Georgia Medicaid Fair

In labeling your shipment, please be sure to include your company name, contact name, phone number, date and name of the event (Georgia Medicaid Fair) with your shipment.

*Please note:* we will supply each exhibitor with the following booth set-up:

- 1 Standard 8 ft. x 2.5 ft. table
- White table draping cloth
- Electrical outlets (If needed, please include on your registration. Also, you must supply your own extension cords and/or surge protectors.)

Name badges are required for this event. To ensure that all exhibitors receive name badges, a list of attendees must be included with your registration. We invite you to register via email at [Georgiamedicaidfair@hp.com](mailto:Georgiamedicaidfair@hp.com). Registration must be received by Friday, April 10, 2015. Please complete the following information and return with your registration:

Company Name	
Primary Contact Name – (First and last name)	
Phone number	
Email address	
List of all attendees – (First and last name)	1.



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Do you need access to an electrical outlet? Yes/No
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Upon receipt of your registration, a confirmation notice will be sent to the email address provided during registration. Your confirmation email will include the facility layout, a map to the facility, parking map and an agenda for the Georgia Medicaid Fair. Exhibitors should bring a copy of their confirmation email to the event.

If you have any questions regarding exhibiting at the Georgia Medicaid Fair, please contact HP Enterprise Services by email at [Georgiamedicaidfair@hp.com](mailto:Georgiamedicaidfair@hp.com).

Thank you for your continued participation in Georgia Medicaid..

Sincerely,  
HP Enterprise Services