



Georgia Society of Gastroenterology Nurses and Associates

In-Kind Contribution Worksheet

Company Name: _____

Contact Name: _____

Position: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Please itemize below the expenses your company will incur to provide in-kind support for “Georgia SGNA 34th Annual Educational Conference Optional Session “ERCPC Boot Camp” September 8, 2017 at the Peachtree City Hotel & Conference Center, Peachtree City, GA.

Because Georgia SGNA is registered as a 501(c)6 organization with the Internal Revenue Service, the value of your in-kind gift is considered a business expense and cannot be claimed as a charitable contribution for tax purposes.

Mail, fax or e-mail your contribution worksheet to: Georgia SGNA
 % Yvette Payton
 Manager of Retention & Technology
 Phone: 706-507-0894 Ext. 4
 Fax: 706-507-0896
 E-mail: Yvette Payton ypayton@threeiversahec.org

PLEASE RETURN YOUR CONTRIBUTION WORKSHEET BY October 1, 2017

Item/Activity	Description	Dollar Value
Optional Sessions	Equipment (Rental Value) – NOTE: values over \$25,000 should include an itemized list of equipment sent.	\$
	Shipping/Delivery	\$
	Other	\$
Concurrent/Other Sessions	Speaker Honorarium	\$
	Speaker Travel	\$
	Equipment (Rental Value) – NOTE: values over \$25,000 should include an itemized list of equipment sent.	\$
	Other	\$
Other		\$
		\$

Company Representative Signature: _____