MARIETTA
BUSINESS ASSOCIATION
Inspire, Inform, Influence

BUSINESS EXPO 2026
Connect. Collaborate. Grow.

PRESENTING SPONSOR
LGE Community Credit Union

2026 MBA Business Expo
@Miller Park Events Center
Thursday
September 10, 2026

N.O.W. Networking: 3:00 p.m.
Event hours: 4:00 – 7:00 p.m.

MBA Member Networking Booth Fee - $195.00
Non-Member Networking Booth Fee - $295.00 (includes MBA Membership)
10' x 10' booth, 8' table, 2 chairs, black cloth table cover, and 2 admission tickets are included

If you are interested in participating in the 2026 MBA Networking & Business Expo, please fill out this form completely and mail it to us with your payment. Please make check payable to: Marietta Business Association, PO Box 2152, Marietta, GA 30061.

Company Name: _____ **Contact:** _____

Company Address: _____ **Title:** _____

City _____ **State** _____ **Zip**_____

Office:_____ **Cell:** _____ **E-mail:** _____

List Product / Promotion (anything not listed may not be permitted)_____

*****IF YOU PAY BY CREDIT CARD THERE WILL BE A $5.00 PROCESSING FEE*****

If you are interested in paying via credit card, fill out the Credit Card Authorization (CCA) information below.
Signing this contract will authorize JRM Management to charge the amount specified in the CCA, if your application is accepted. If you are not accepted, you will not be charged, and your application will be returned. No refunds will be given for cancellation of the event due to inclement weather or circumstances beyond our control. I have read and fully understand all the details as set forth and agree to abide by all exhibit rules and regulations which are part of this contract. I hereby agree to indemnify and hold harmless the Marietta Business Association, JRM Management, Cobb County Government, Jim R. Miller Park, all organizations and persons sponsoring, managing or in any other way participating in the 2026 MBA Expo, from any loss, claim, penalty or lawsuit in any way arising from my operation or involvement in the event.

APPLICATION MUST BE SIGNED.

SIGNATURE: _____ **DATE** _____

Circle one: VISA MASTERCARD AMEX

Credit Card Number: _____ Billing Zip: _____

Exp Date: _____ 3-digit security code on back (4 - digit front for AMEX): _____ Amount (+5.00)_____

I _____(print name of card holder) hereby represent that I have the authority to execute the credit card authorization and agree that this authorization will be effective for the amount (above) and on the date signed (below). I understand and consent to the use of my credit card without my signature on the charge slip, that a photocopy or fax of this agreement will serve as an original, and this Credit Card Authorization (CCA) cannot be revoked.

Cardholder's Signature: _____ Date: _____

Attn: Bill Watson | Sponsorship Manager | billwatson@jrmmanagement.com
JRM Management Services, Inc. | P.O. Box 777 | Kennesaw, GA 30156
770-423-1330 | Fax: 770-293-0047