



P.O. Box 369 • 21720 155th St. • Basehor, KS • 66007 • Phone: 913-724-8700 • Fax: 913-724-8756

National Softball Coaches Clinics

Exhibit Space Will Fill Up – Register Early to Reserve Yours!!!

I would like to set up as an exhibitor at the following clinic sites:

(Estimated attendance is in parenthesis and based on previous year's attendance)

- | TABLES | | |
|--------------------------|--------------------------|--|
| 1 | 2 | |
| \$300 | \$400 | (fees are per clinic) |
| <input type="checkbox"/> | <input type="checkbox"/> | Chicago <i>Advanced</i> - Nov. 19-20 (450) |
| <input type="checkbox"/> | <input type="checkbox"/> | Chicago - Jan. 7-8 (450) |
| <input type="checkbox"/> | <input type="checkbox"/> | Nashville - Jan. 21-22 (250) |
| <input type="checkbox"/> | <input type="checkbox"/> | Portland, Ore. - Jan. 14-15 (200) |

- | TABLES | | |
|--------------------------|--------------------------|--|
| 1 | 2 | |
| \$300 | \$400 | (fees are per clinic) |
| <input type="checkbox"/> | <input type="checkbox"/> | Minneapolis - Jan. 14-15 (300) |
| <input type="checkbox"/> | <input type="checkbox"/> | Denver - Jan. 21-22 (200) |
| <input type="checkbox"/> | <input type="checkbox"/> | Charlotte <i>Advanced</i> - Jan. 28-29 (225) |
| <input type="checkbox"/> | <input type="checkbox"/> | Kansas City - Jan. 28-29 (425) |

Company: _____ Phone:(_____) Fax:(_____)

Address: _____ City: _____ State: _____ ZIP _____

EMAIL: (required) _____

Type of business: _____

Please note: NSC is the official supplier of JUGS products at all National Softball Coaches Clinics.

Names of reps to attend clinic: _____

Names of reps to attend dinner (max: 2): _____

Exhibit fees per clinic: 1 table - \$300 (1 6' X 30" conference table) **2 tables - \$400**(2 6' X 30" conference tables)

Enclosed is payment in the amount of \$ _____ for exhibitor space at the 2010-2011 National Softball Coaches Clinic(s) designated above. **FULL PAYMENT IS REQUIRED TO RESERVE EXHIBIT SPACE. The exhibit fee is non-refundable unless cancellation is made 21 days prior to the clinic.**

Visa MC Discover _____ Exp Date ____/____

Cardholder Name _____

Cardholder signature _____

If paying by check, please make it out to National Sports Clinics and send to above address. Thanks!

EXHIBIT SPACE WILL BE ASSIGNED BY CLINIC DIRECTOR THE MORNING OF THE CLINIC.

Exhibitor area is available for set up from 9 a.m. until 11 p.m. Friday and 7:30 a.m. through 1:30 p.m Saturday.