

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 !!!



## Please request exhibit space at each location (Estimated attendance is in parenthesis and based on previous year's attendance)

|  |          | (Estimated attendance is in parentinesis a                                 | ina basca c  | ni picvious | your 5 attoridance)    |                                      |
|--|----------|--|--------------|-------------|------------------------|--------------------------------------|
| 1 table  | 2 tables |  | 1 table      | 2 tables    |                        |                                      |
| \$300  | \$400    | Sacramento - Nov. 18-19 (150)  | \$300        | \$400       | Minneapolis - Ja       | n. 13-14 <i>(250)</i>                |
| \$300  | \$400    | Chicago Advanced - Dec. 9-10 (450)   | \$300        | \$400       | Nashville - Jan.       | 20-21 <i>(400)</i>                   |
| \$300  | \$400    | Chicago - Jan. 6-7 (500)   | \$300        | \$400       | Charlotte <u>Advan</u> | <u>ced</u> - Jan. 20-21 <i>(275)</i> |
| \$300  | \$400    | Portland, Ore Jan. 13-14 (240)   | \$300        | \$400       | Kansas City - Ja       | n. 27-28 <i>(500)</i>                |
| Company  | y:       | Phone:(  | )            |             | Fax:(                  | )                                    |
| Address:   |          | City:  |              |             | _State:                | _ZIP                                 |
| EMAIL: (required)  |          |  |              |             |                        |                                      |
| Type of business:  |          |  |              |             |                        |                                      |
|  | Please i | note: NSC is the official supplier of JUGS produc                          | cts at all N | ational Sof | ball Coaches Clin      | ics.                                 |
| Names of reps to attend clinic:  |          |  |              |             |                        |                                      |
| Names of reps to attend dinner (max: 2):   |          |  |              |             |                        |                                      |
| ***Online registration is available at www.nationalsportsclinics.com and click on Exhibitors |          |  |              |             |                        |                                      |
| Enclosed   | d is pay | ment in the amount of \$   |              |             |                        |                                      |
| ☐ Visa ☐ MC ☐ Discover   |          |  |              |             |                        | Exp Date/                            |
| Cardholde  | er Name  |  |              |             |                        |                                      |
| Cardholder signature   |          |  |              |             |                        |                                      |
|  |          | t by check, please make payable to: National Sports Clinics and mail to P. |              |             | or, KS 66007           |                                      |

Full payment is required to reserve space & is non-refundable unless cancellation is at least 21 days prior to clinic.

## CLINIC DIRECTOR WILL ASSIGN EXHIBIT SPACE BY 9:00 FRIDAY MORNING

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.