

NORTHWEST
ALL SPORTS CLINIC
1020 NW 199th, Shoreline, WA. 98177
(206) 546-6180 – home, 206 290-9404 - cell
richgus@comcast.net

ALL SPORTS CLINIC
CONTRACT FOR EXHIBIT SPACE
February 10-13, 2011

Please reserve _____ exhibit space(s) (1 or more). See attached letter for prices for each exhibit space. Each space will include:

7 inch x 44 inch identification sign
10 foot by 8 foot booth area*
8 foot high back drape
3 foot high divider drape
one 6 foot table
one chair

NAME OF COMPANY: _____.

ADDRESS: _____.

CITY: _____ **STATE:** __ **ZIP:** _____

PHONE: _____.

FAX: _____ **E-MAIL**

ADDRESS: _____.

WEBSITE LINK FOR YOUR COMPANY: _____.

TYPE OF PRODUCT EXHIBITING:
_____.

NAMES OF PEOPLE WORKING BOOTH:

To reserve exhibit space(s) return this contract along with your check to **Rich Gustafson, 1020 NW 199th, Shoreline, WA. 98177**. Please make your check payable to **All Sports Schools**. No refunds after January 24, 2011.

Authorized Signature: _____.

Typed or Printed Name: _____.

Position: _____.

Date: _____. **Booth space preferences: 1st Choice** ____,
2nd Choice ____, **3rd Choice** ____.

* See exhibitor map for exact booth size as sizes do vary.

