



INDIVIDUAL CLINIC INFORMATION FORM FOR EXHIBITORS
2010 NIKE COACH OF THE YEAR CLINICS
(YELLOW FORM)

CLINIC LOCATION: _____ AND DATES: _____

COMPANY/EXHIBITOR: _____

EXHIBITOR CONTACT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____

E-mail address: _____

Number of Booth(s) Desired: _____ Total Payment Due (Enclosed) _____

Special Arrangements/Electricity Needed: _____

List below the names of all personnel or staff requiring clinic credentials:

Name & Title: _____

PLEASE NOTE:

EXHIBITORS MAY NOT DISPLAY PRODUCTS COMPETITIVE WITH NIKE PRODUCTS.

YOU SHOULD COMPLETE THE NATIONAL CONTRACT (PINK FORM) AND MAKE PAYMENT TO THE NATIONAL OFFICE IF YOU ARE EXHIBITING AT MORE THAN ONE CLINIC

HOWEVER

A COPY OF THIS INDIVIDUAL CLINIC INFORMATION FORM MUST BE COMPLETED AND FORWARDED TO EACH CLINIC DIRECTOR WHERE YOU ARE RESERVING AN EXHIBITOR'S BOOTH

IF YOU ARE EXHIBITING AT ONLY ONE CLINIC YOU CAN MAIL THIS FORM WITH A CHECK DIRECTLY TO THE CLINIC DIRECTOR AT HIS ADDRESS LISTED IN THE ENCLOSED NATIONAL BROCHURE.