

INDIVIDUAL CLINIC INFORMATION FORM FOR EXHIBITORS  
2017 *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:	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

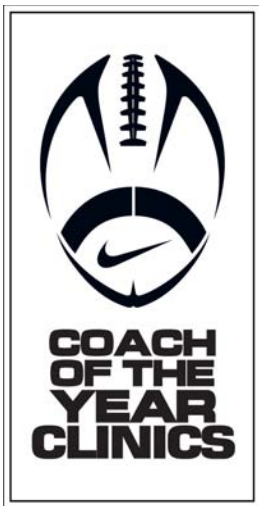
**Please note the following exhibitor exclusivity restrictions at all clinics:**

Products competitive with **NIKE** products may not be displayed at these clinics. In addition, **Hudl** has the exclusive rights to market **video-film editing services**. **Echo1612** has the exclusive rights to market **Instant Sideline Communication Services**.

**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.**



## 2017 NIKE COACH OF THE YEAR CLINICS

### Exhibitor Information

#### **BOOTH RENTAL RATES:**

The booth rental are \$500 at each clinic, per the exhibitors contract (pink form). Note: There is a \$25.00 discount for multiple booths at any one (1) clinic. You should send payment and the National Office Exhibitors Contract (pink form) to the national office in Knoxville and the Individual Clinic Information Form (yellow form) to each clinic director where you are exhibiting. **\*NOTE exclusivity restrictions on certain product categories on contract form.**

#### **BOOTH SIZE & FURNISHINGS:**

Most exhibitors booths are approximately 8' x 10' in size. However, some booths are only 6' x 8'.

One 6' table plus chair(s) are provided. Some clinics include covered and draped tables, others do not. The exact accommodations may vary from clinic to clinic. You may call the clinic director for more detailed information about a specific clinic.

#### **HOTEL SITE AND CLINIC INFORMATION:**

Please find in the enclosed brochure a listing of the clinic sites, hotels, addresses, phone numbers, etc. for your use in making room reservations and coordinating shipment of your product, if desired. Some hotels require payment for electrical and internet service, which will be charged separately to the exhibitor by the hotel. Many hotels have receiving dock fees for product shipments in advance of the clinic.

#### **REGISTRATION:**

There is limited space at many clinics. To guarantee your booth space, register without delay. You may register **on-line via credit card** at [www.nikecoyfootball.com](http://www.nikecoyfootball.com) or by **check with the pink and yellow forms** enclosed. Each clinic needs to know your electrical requirements and the names of your personnel or staff requiring clinic credentials. It is, therefore, necessary for you to complete the Individual Clinic Information Form (yellow) for each clinic you will be exhibiting. You may pay the individual clinic director directly by using only the Yellow Form.

If you are paying the National Office by check for one (1) or more clinics please return the Exhibitor Contract Pink Form, with payment, to the National Office, at the following address NIKE Coach of the Year Clinic, Attn: Chrissey Stephens, P.O. Box 31408, Knoxville, TN 37930-1408 or fax to 865-690-7806.

If you pay the National office using the pink form you must still send copies of the Yellow Form to each clinic you are exhibiting using the director's information in the National Brochure enclosed.