

# CENTRAL STATES SWIM CLINIC 2018

## Exhibition Hall - Booth Registration Form

I wish to reserve space and have my company's name in the list of participating exhibitors in the 2017 Central States Clinic brochure. Enclosed find my payment in full for the booth size indicated below. **Space is limited and is allocated based on timeliness of receipt of payment and this reservation form. We always fill the exhibit hall.**

Please mail to: Sue Davis 341 Springhouse Lane, West Chester PA 19380

You may also register and pay online [www.swimclinic.com](http://www.swimclinic.com)

Company	_____
Your Name	_____
Postal Address	_____
Phone	_____
email address	_____

*Booth Size tables, chairs, electricity and pipe and drape enclosure included in price*

Single	(\$660)	_____
Double	(\$1100)	_____ do you need electricity _____