

CENTRAL STATES SWIM CLINIC 2017

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

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 _____