

# EASTERN STATES SWIM CLINIC 2017 - SEPT. 30<sup>TH</sup> & OCT 1<sup>ST</sup>

## BOOTH DEPOSIT FORM

I wish to reserve space and have my company's name on the list of participating exhibitors in the 2017 Eastern States Clinic brochure.

Enclosed find my payment in full for the booth size indicated below. Space is allocated based on timeliness of receipt of check and this reservation form. Set up after 3pm Friday Sept 29<sup>TH</sup>.

Please mail this form 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*

Single	(\$660)	_____
Double	(\$1100)	_____
Please note if you will need electricity _____		

Table, chairs and pipe and drape booth included in the above price. The hotel may have a charge for electric and does charge for internet access at your booth but will bill you separately.