

March 1 & 2, 2024

## BIGNEWENGLAND FOOTBALL CLINIC EXHIBITOR REGISTRATION FORM

## **EXHIBITOR INFORMATION AND FEES:**

		oroximately 6 feet - or I llowing options:	make use of your o	own personal set	t-up within approxim	nately a 6-foot	area.	
	□ 1Ta	able[orarea]-\$550	2Tables[orarea]-\$850		3 Tables [or a	3 Tables [or area] - \$1125		
☐ 4 Tables [or area] - \$1375			5 Tables [or area] - \$1575 *MULTIPLE TABLES MUST BE ADJACENT		☐ 6 Tables [or a CENT*	area] - Please c	all for quote	
ADDITIONAL REG	IONAL REQUESTS:  Wall space needed  Electricity needed (additional \$50 hotel charge - if applicable, please add \$50 to payment).							
	netotalnur	VES: Table fee includes unber of additional reps a						
		REGISTER EARL	Y: Space is limited	and will be assig	ned based on availab	ility.		
Compan	y/Organiz	ation Name:						
Contact	Person(s)	:						
Address	3:							
City:			<b>6</b> : :		Z	Zip Code:		
Phone: Email:	Phone: Email:			Fax:				
Please provide the names of all sales representative attending the clinic.								
	1			6				
	2			7				
	3			8				
	4			9				
	5		-	10				
Check or mone	ey order e	enclosed in the amount	of:	<u>.</u>			<del></del>	

Be sure payment includes additional fees for electricity and/or additional sales representatives, if applicable.

Make check payable to: "THE BIG NEW ENGLAND FOOTBALL CLINIC"

Mail to: The Big New England Football Clinic Attn: Keith Kenyon 104 Fescue Lane South Kingstown, RI 02879