



# MISSISSIPPI ASSOCIATION OF COACHES

Mailing Address: Post Office Box 1194, Clinton, Mississippi 39060-1194

Location: 600 East Northside Drive, Clinton, Mississippi 39056

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@MACoaches Find us on Facebook!

## Agreement Between

and The Mississippi Association of Coaches for  
Exhibit Space at the 2016 Mississippi Multi-Sports Clinic  
Jackson Hilton & Convention Center  
I-55 @ County Line Road, Jackson, MS (601-957-2800)

Rental for one (1) booth without an electrical outlet is \$400; with an electrical outlet, rental is \$425. Booths are reserved on a first-come, first-served basis. To confirm your reservation, return this agreement **with your payment** to the above address. Exhibit space is limited: therefore, to be assured of getting a space, please return this agreement **WITH PAYMENT** as soon as possible. *Exhibit space will not be assigned until payment is received!* The Mississippi Association of Coaches reserves the right to relocate booths after original assignment, if necessary, at no additional cost to the exhibitor. We will make every effort to honor requests for specific spaces.

"Booth" consists of one (1) 6' long x 3' deep table topped and skirted, and one (1) exhibiting company name only identification sign (black copy on white showcard),

**EXHIBIT HOURS:**      Tuesday - July 19 - 12 NOON - 5:00 p.m.  
                                 Wednesday - July 20 - 7:00 a.m. - 4:00 p.m.  
                                 Thursday - July 21 - 8:00 a.m. - 4:00 p.m.  
                                 Friday - July 22 - 8:00 a.m. - Noon

**No Setup Until After 8:00 AM on Tuesday, July 19**

*Correspondence will be sent to the name and address listed below,*

**Let us know if Area Representative address is different from Home Office address.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Company**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**E-MAIL (A confirmation will be sent to this address)**

\_\_\_\_\_  
**Fax**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

**Please indicate your company's type of business:** \_\_\_\_\_

**PLEASE PRINT!!** List the names of individuals who may be representing your Company at the Clinic. Badges will be prepared **IN ADVANCE !!!**

\_\_\_\_\_  
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