MISSISSIPPI ASSOCIATION OF COACHES

Mailing Address: Post Office Box 1194, Clinton, Mississippi 39060-1194
Location: 600 East Northside Drive, Clinton, Mississippi 39056
Telephone: 601-924-3020 • Fax: 601-924-3050 • www.mscoaches.com
@MACoaches   Find us on Facebook!

Agreement Between

_____

and The Mississippi Association of Coaches for
Exhibit Space at the 2020 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 14 - 12 NOON - 5:00 p.m.
Wednesday - July 15 - 7:00 a.m. - 4:00 p.m.
Thursday - July 16 - 8:00 a.m. - 4:00 p.m.
Friday - July 17 - 8:00 a.m. - Noon

No Setup Until After 8:00 AM on Tuesday, July 14
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 !!!*

_____   _____   _____

_____   _____   _____

_____   _____   _____