MISSISSIPPI ASSOCIATION OF COACHES



Mailing Address: Post Office Box 1194, Clinton, Mississippi 39060-1194 Location: 1201A Clinton Raymond Rd., 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
2022 Wilder Fitness Multi-Sports Clinic
Sheraton Flowood Refuge Hotel & Conference Center
2200 Refuge Blvd., Flowood, MS 39232 (601) 936-4550

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 one (1) exhibiting company name only identification sign (black copy on white showcard),

EXHIBIT HOURS: Tuesday - July 12 - 12 NOON - 5:00 p.m. Wednesday - July 13 - 7:00 a.m. - 4:00 p.m. Thursday - July 14 - 8:00 a.m. - 4:00 p.m. Friday - July 15 - 8:00 a.m. - Noon

No Setup Until After 8:00 AM on Tuesday, July 12

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

Let us know if Area Representative e-mail address is different from Home Office address.

| Signature | Printed Nam | 1e | Date |
|--|-------------------------------|----------------------|-------------------|
| Сотрапу | | Telephone | |
| E-MAIL (A confirmation will be sent to this e-mail address) | | Fax | |
| Mailing Address | City | State | Zip |
| Please indicate your company's type | of business: | | |
| PLEASE PRINT!! List the names of individual will be prepared IN ADVANCE!!! | luals who may be representing | g your Company at th | he Clinic. Badges |