



EXHIBITOR DISPLAY AGREEMENT 2015 (BANFF CLINIC)

Complete the following information to reserve a booth for RNCC in Banff, AB (July 9-11, 2015):

COMPANY:		CONTACT FIRST NAME:	LAST NAME:
ADDRESS:			CITY:
PROV/STATE:	PC/ZIP:	TEL:	ON-SITE CELL:
EMAIL:	COMPANY WEBSITE:		TWITTER: (ex. @RNeilsonHockey)

Indicate needs below based on 1 booth (approx. 10' wide):

A. DISPLAY BOOTH (includes 6-8' covered table, 2 chairs, pipe/drape back-drop, internet, website listing, 4 meals - Fri/Sat)			
<input type="checkbox"/> Option 1 By the Day	<input type="checkbox"/> THU (\$100) July 9th	<input type="checkbox"/> FRI (\$275) July 10th	<input type="checkbox"/> SAT (\$275) July 11th
<input type="checkbox"/> Option 2 Full weekend	<input type="checkbox"/> THU-SAT (\$575)* <small>*Save \$75/Includes full page B&W ad (\$250 value)</small>		All fees and add-ons plus GST (5%)
Note: On-site product sales must not conflict with items sold in the 'Pro Shop'. In case of overlap, product must be sold in the 'Pro Shop' and a 10% royalty will be assessed on all sales. Free samples are permitted. Contact us regarding product trades.			

B. ADD-ONS (optional) - *Exhibitors selecting the 'Full Weekend' option receive a free B&W ad.		
<input type="checkbox"/> B&W Ad (Option 1) (\$250)	<input type="checkbox"/> Upgrade to full color ad (\$250)	<input type="checkbox"/> Sponsorship packages (Visit website for details)
Note: Exhibitors may include literature for pre-packing into attendee kits. Must supply material.		

PAYMENT INFO	<input type="checkbox"/> Cheque payable to: ROGER NEILSON'S COACHES CLINIC - WEST		
TOTAL FEE: (add GST of 5%) \$ CAD	<input type="checkbox"/> Credit Card (Visa, MasterCard)	CARD #:	Exp: /
AUTHORIZING SIGNATURE:	DATE:	NAME ON CARD:	
TERMS & CONDITIONS: THERE IS A 25% CANCELLATION FEE UP TO 1-JULY-2015. THERE ARE NO REFUNDS FOR CANCELLATIONS AFTER 1-JULY-2015. BY SIGNING ABOVE, I AGREE TO THE TERMS OUTLINED AND UNDERSTAND THE CHARGES ASSOCIATED WITH DISPLAYING AT RNCC. PAYMENT IN FULL IS REQUIRED BY JULY 1 ST , 2015.			

EMAIL, SCAN, MAIL or FAX BACK TO:

ROGER NEILSON'S COACHES CLINICS
 44 Barr Crescent, Aurora, Ontario, Canada L4G 0C1
TEL: 888-273-7642 **FAX:** 888-308-2267 **E-MAIL:** info@rogerneilsonshockey.com
Website: www.rogerneilsonshockey.com