



# EXHIBITOR DISPLAY AGREEMENT 2015 (WINDSOR CLINIC)

Complete the following information to reserve a booth for RNCC (June 12 – 14, 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):

|  |   |  |  |
|--|---|--|--|
| <b>A. DISPLAY BOOTH</b> (includes 6-8' covered table, 2 chairs, pipe/drape back-drop, electricity, internet, website listing)  |   |  |  |
| <input type="checkbox"/> <b>Option 1</b><br>By the Day   | <input type="checkbox"/> <b>FRI (\$250)</b><br>June 12th  | <input type="checkbox"/> <b>SAT (\$200)</b><br>June 13th | <input type="checkbox"/> <b>SUN (\$100)</b><br>June 14th |
| <input type="checkbox"/> <b>Option 2</b><br>Full weekend   | <input type="checkbox"/> <b>FRI-SUN (\$500)*</b><br><small>*Save \$50/Includes full page B&amp;W ad (\$250 value)</small> |  | <b>All fees and add-ons plus HST (13%)</b>               |
| <b>Note:</b> 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>B. ADD-ONS</b> (optional) - *Exhibitors selecting the 'Full Weekend' option receive a free B&W ad.    |   |   |
| <input type="checkbox"/> <b>B&amp;W Ad (Option 1)</b><br>(\$250)   | <input type="checkbox"/> <b>Upgrade to full color ad</b><br>(\$250) | <input type="checkbox"/> <b>Sponsorship packages</b><br>(Visit website for details) |
| <b>Note:</b> Exhibitors may include literature for pre-packing into attendee kits. Must supply material. |   |   |

|  |   |               |        |
|--|---|---------------|--------|
| <b>PAYMENT INFO</b>                          | <input type="checkbox"/> <b>Cheque</b> payable to: <b>ROGER NEILSON'S COACHES CLINIC - EAST</b> |               |        |
| TOTAL FEE: (add HST of 13%)<br><b>\$</b> CAD | <input type="checkbox"/> <b>Credit Card</b><br>(Visa, MasterCard)                               | CARD #:       | Exp: / |
| AUTHORIZING SIGNATURE:                       | DATE:   | NAME ON CARD: |        |

**TERMS & CONDITIONS:** THERE IS A 25% CANCELLATION FEE UP TO 1-JUNE-2015. THERE ARE NO REFUNDS FOR CANCELLATIONS AFTER 1-JUNE-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 JUNE 1<sup>ST</sup>, 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](mailto:info@rogerneilsonshockey.com)  
Website: [www.rogerneilsonshockey.com](http://www.rogerneilsonshockey.com)