A Clinic For High School Coaches Given By High School Coaches DFW Coaches Clinic

Exhibitor Contract

January 28-30, 2022

Clinic Highlights

Hotel Information

- The cost is \$500 for an 8' X 8' exhibitor space
- Reservations are guaranteed only when the fee is paid. (No refunds after January 21)
- Only one company and two employees per exhibit space. All salesman, representatives, and dealers must register with the clinic directors.
- The clinic set-up will begin at 8:00 am on Friday, January 28. The first lecture begins on Friday at 12:30 pm and the exhibitor hall closes at 10:30 am Sunday.
- A discount to Bass Pro Shops Outdoor World will be given to each exhibitor at the clinic. (Good only for the duration of the clinic and only on selected items.)
- FCA Lecture and speaker on Saturday.
- Space is limited to the first 80 exhibitors
- Friday night meal and social.
- Over 1200 coaches attended last year's clinic.

Clinic Headquarters:

- Embassy Suites Outdoor World at D/FW Airport, 2401 Bass Pro Drive, Grapevine, TX 76051
- Phone (972) 724-2600 or (800) EMBASSY
- To receive the special room rate of \$157, make your reservation by January 4, and state that you are attending the DFW Coaches Clinic. Embassy Suites Hotel provides a complimentary cooked to order breakfast and happy hour each day to each person staying at the hotel. Each room comfortably sleeps four.
- The Embassy Suites Hotel is located adjacent to Bass Pro Shops and Grapevine Mills Mall. (One of the largest outlet malls in the southwest.)



- To pre-register, please send the registration form and a check payable to: DFW Coaches Clinic 30801 Beck Road Bulverde, Texas 78163
- Visit our website for more information or to register
- www.coachesclinic.net
- E-mail: coachesclinic@yahoo.com
- \$500 registration fee if mailed in by <u>January 21</u> (\$600 after this date, no refunds after January 21)

/8163 coachesclinic@yahoo.com	DFW Coaches Clinic 30801 Beck Road 3ulverde, Texas 78163	Phone: 214-356-4730 Fax: 830-438-5360 E-mail: coachesclinic@yahoo.com
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Company Name:	Representative:	Representative:	
Address:	City:	State:	Zip:
Electrical Outlet Needed: Yes / No	Phone:	Fax:	E-mail:

DFW Coaches Clinic Exhibitor Registration Form

Enclosed is my check for \$______ spaces @ \$500 per space. (\$600 after January 21, no refunds after this date) Make check out to DFW Coaches Clinic and mail to the address above or register online at www.coachesclinic.net - DFW Coaches Clinic reserves the right to refuse any exhibitor. \$50 Cancellation fee per booth.