

10th Annual Hall Of Fame Coaches Summit

August 27th - August 30th, 2019

EXHIBITOR APPLICATION FORM

- All Exhibit Application Forms must be accompanied by the required exhibitor fee.
- Applications cannot be held by verbal agreement nor without a completed form and/or deposit.
- Only one business may occupy a rented space; no two businesses may share the same rented space.
- All exhibitors will be allowed entry to the clinic at no charge.

Date of Application: _____

Name of Exhibitor: _____

Contact Person for Exhibit: _____

Contact Person's Direct Phone #: _____

Contact Person's email Address: _____

Exhibitor's Address: _____

City: _____ State/Province: _____ Zip Code: _____

Please mail Exhibitor Application Form and check or money order information to:

International Swim Coaches Association
2721 Brambleton Ave
Roanoke VA 24015

Alternatively, please EMAIL form and credit card information to info@swimisca.org



2019

...Exhibitor Application Form

Exhibit Space and Rental Fees

Booth Size (8 x 10), Skirted Tables & Chairs included in the price

Single Booth Space \$1,000.00 Double Booth Space \$1,500.00

Set Up: August 27th: 10:00am - 5:00pm

Exhibit / Clinic Hours:

- August 27th: 6:00pm - 9:00 pm (Exhibit only)
- August 28th: 8:00am - 5:00 pm
- August 29th: 8:00am - 5:00 pm
- August 30th: 8:00am - 5:00 pm

Can't Make It To The Clinic?

Kit-Only Packages Available

Kit Package \$500.00 *(Includes One E-Blast In August-October 2019 to Our Mailing List and One Insert for Summit Welcome Bags)*

Payment

(If paying by Credit Card, please fill out attached authorization form and return to info@swimisca.org or call 540-904-2666 to make payment over the phone):

Mastercard Visa Discover
Card # _____
Expires _____ CVV Code _____
Billing Address Zip Code _____
Check # _____



Questions?
Please contact the ISCA Main Office at info@swimisca.org
or (540) 904-2666



Authorization for Credit Card Use

PLEASE FILL OUT & RETURN THIS AUTHORIZATION FORM TO:

<p>International Swim Coaches Association (ISCA) 2721 Brambleton Ave. SW Roanoke, VA 24015 Phone: +1 540-904-2666 Fax: +1 540-772-0578 Email: info@swimisca.org</p>
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*****All information will remain confidential*****

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

CVV Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize the INTERNATIONAL SWIM COACHES ASSOCIATION (ISCA) to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____