



Company Name _____

Address _____

City _____ State _____ Zip _____

Contact _____ Email _____

Phone # _____ Fax # _____

Type of Business/Products _____

EXHIBITOR BOOTH RESERVATION FOR 2010 SOCCER CHAMPIONS COACHES' CLINIC AT SOUTH POINT ARENA IN LAS VEGAS (MARCH 11 – 13, 2010):

Please enter quantity: _____ 10' x 10' booth - \$575.00
_____ 10' x 20' booth - \$1000.00

Total Amount Due: \$ _____ Please make check payable to "Soccer Champions Coaches' Clinic"

*If you wish to pay by credit card, please register online at www.SoccerChampionsClinic.com or call the event office at 860.674.1500.

Please mail this application, along with payment (checks only please) to:

2010 Soccer Champions Coaches' Clinic at Las Vegas
c/o Gold, Orluk & Partners, LLC
172 West Main Street, PO Box 1177
Avon, CT 06001

For an event schedule and more exhibitor info,
please visit www.SoccerChampionsClinic.com or call 860.674.1500.

Exhibitors' sale of products on site during the event requires written approval by the event.

Refer our clinic to a business partner or friend:

Company _____ Contact Person _____

Address _____

Phone _____ Fax _____ Email _____

Type of Business/Products: _____

All Booth Space Reservations must be received by Friday, February 27, 2010. Space is limited; reservations will be taken on a first-come, first-served basis. Booth space locations will be based on exhibitor seniority and date of commitment. We look forward to seeing you at South Point Arena.