

**COLLEGE/UNIVERSITY EXHIBITOR REGISTRATION**  
**Coastal Bend Athletic Trainers' Society**  
[www.cbats.us](http://www.cbats.us)  
**Student Athletic Trainer Workshop**  
**West Oso High School : Corpus Christi, TX**

College/University Name \_\_\_\_\_

Contact Person /

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Representative who will be attending \_\_\_\_\_

Mobile Phone ( ) \_\_\_\_\_

Will your booth require an electrical outlet? YES \_\_\_\_\_ NO \_\_\_\_\_

List names of any additional representatives at your booth for name badges

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: There is no fee for College/University Vendors. Lunch will be provided, and t-shirts will be available for purchase.

Submit Registration Forms To:

CBATS, P.O. Box 10716, Corpus Christi, TX 78460-0716

Contact: Mary Barnes

Mary.barnes@tamucc.edu

361-825-3708 (fax)    361-825-2169 (phone)