

EXIBITOR AGREEMENT
Coastal Bend Athletic Trainers Society
www.cbats.us
Student Athletic Trainer Workshop
West Oso High School : Corpus Christi, Tx.

Exhibiting Company Name _____

Contact Person / Title _____

Address _____

City, State, Zip _____

Telephone () _____ Fax () _____

E-mail: _____

Representative who will be attending _____

Mobile Phone () _____ T-Shirt Size: M L XL XXL XXXL

Will your booth require an electrical outlet? YES _____ NO _____

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

NOTE: The fee for exhibitor space includes 2 chairs, 2 t-shirts, and lunches. If you have more than 2 representatives, additional t-shirts may be purchased.

Payment: Full payment (\$100.00) must accompany the exhibit space agreement.

Mail this form, along with payment, to the address below

___ Check (made payable to CBATS) ___ Money Order

Credit card payments will be processed only through paypal

Signature of Authorized Representative _____

Date _____

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