



GREAT LAKES ATHLETIC TRAINERS ASSOCIATION
Exhibit Contract



Company _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

E-Mail _____

Company Web Address _____

CONTACT PERSON (where decorator and meeting information should be sent prior to show)

Name _____

Phone Number _____ Fax Number _____

E-mail _____

DECORATOR INFORMATION WILL BE SENT TO THE E-MAIL ADDRESS ABOVE
NAME OF REPS WHO WILL STAFF YOUR EXHIBIT SPACE

1. _____ 2. _____

If you need more than the 2 badges provided for company reps, they are available for \$25.00 per badge.

GLATA sponsors will be provided with 4 badges.

3. _____ 4. _____

Number of Exhibit Spaces Needed _____

Company Name as you want it to appear on your sign:

BRIEF DESCRIPTION OF PRODUCTS YOU WILL BE EXHIBITING _____

I agree that I have read and that I understand the contract and the attached addendum. Further, I agree that my organization and staff in attendance will abide by the rules and regulations as outlined in this contract and addendum.

Date _____ Company _____

Official Signature _____ Title _____

GLATA USE ONLY

Date of Postmark _____ Amt. Received _____ Number of Booths Ordered _____

Sponsorship Level: Platinum _____ Gold _____ Silver _____

Credit Card: Master Card _____ VISA _____ Discover _____ AMEX _____

KEEP A COPY FOR YOUR RECORDS