

# 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: \_\_\_\_\_

*MAIL Exhibitor Application Form , check or credit card  
information to:*

International Swim Coaches Association  
2721 Brambleton Ave  
Roanoke VA 24015  
OR

*Email form and send payment via PAYPAL to:*  
swimiscal@gmail.com



# 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

### Payment:

Mastercard       Visa       Discover Card # \_\_\_\_\_

Expires \_\_\_\_\_ CVV Code \_\_\_\_\_

Billing Address Zip Code \_\_\_\_\_

Check # \_\_\_\_\_ Enclosed

Questions? Please contact the ISCA Main  
Office at [iscaoperations@gmail.com](mailto:iscaoperations@gmail.com)

Or

(540) 904-2666

