

INDIANA ASSOCIATION OF TRACK AND CROSS COUNTRY COACHES

VENDORS AND EXHIBITORS

**JANUARY 31 – FEBRUARY 2, 2008 @ SHERATON-KEYSTONE
IATCCC ANNUAL T&F CLINIC
REGISTRATION FORM**

NAME OF COMPANY

ADDRESS OF COMPANY

CONTACT PERSON _____

PHONE NUMBER _____

EMAIL _____

SPECIAL NEEDS

PLEASE CHECK ONE

THURSDAY & FRIDAY

THURSDAY, FRIDAY & SATURDAY

**VCR, VIDEO MONITOR, OVERHEAD
PROJECTOR, ETC... (WILL COST EXTRA)**

*A TABLE WILL BE PROVIDED WITH SKIRTING.
ELECTRICAL OUTLETS ARE AVAILABLE*

Circle One Please

Fee: Vendor Room One Table- \$200 Two Tables- \$300

Contributing to registration packet? Yes No Type: _____ \$100

You may email, fax or mail your registration to me by January 21st. Payment will be at the clinic.

Email- rpotter@hse.k12.in.us

Fax- 317-915-4229

**Mail- Ryan Potter
12011 Olio Road
Fishers, IN 46037**