

**INDIANA ASSOCIATION OF TRACK AND CROSS
COUNTRY COACHES**

VENDORS AND EXHIBITORS

**FEBRUARY 2 - 4, 2006 @ SHERATON-KEYSTONE
IATCCC ANNUAL T&F CLINIC
REGISTRATION FORM**

NAME OF COMPANY _____

ADDRESS OF COMPANY _____

CONTACT PERSON _____

PHONE NUMBER _____

EMAIL _____

PLEASE CHECK ONE
 THURSDAY & FRIDAY

THURSDAY, FRIDAY & SATURDAY

SPECIAL NEEDS
 VCR, VIDEO MONITOR,
OVERHEAD PROJECTOR,
ETC... (WILL COST EXTRA)
*A TABLE WILL BE PROVIDED
WITH SKIRTING. ELECTRICAL
OUTLETS ARE AVAILABLE*

Circle One Please

Fee: Main Hallway One Table- \$300 Two Tables- \$400

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.

Email- rpotter@hse.k12.in.us

Fax- 317-915-4229

Mail- Ryan Potter
12011 Olio Road
Fishers, IN 46038