

March 7 & 8, 2025

## BIG NEW ENGLAND FOOTBALL CLINIC EXHIBITOR REGISTRATION FORM

## **EXHIBITOR INFORMATION AND FEES:**

ach exhibit table is approximately 6 feet - or make use of your own personal set-up within approximately a 6-foot area.  lease select one the following options:      1 Table[or area]-\$550						
4 Tables [or area] - \$1375				make use of your own personal set	up within approximately a 6-foot area.	
*MULTIPLE TABLES MUST BE ADJACENT*  DDITIONAL REQUESTS: Wall space needed   Electricity needed (additional \$50 hotel charge - if applicable, please add \$50 to payment).  ALES REPRESENTATIVES: Table fee includes up to two (2) sales representatives per table. Additional reps can attend for \$10 each. Please dicate here the total rurber of additional reps attending (if applicable, please add appropriate amount to payment - i.e. add \$20 for a total f4 reps at 1 table).  REGISTER EARLY: Space is limited and will be assigned based on availability.  Company/Organization Name:  Contact Person(s):  Address:  City:  State:  Zip Code:  Phone:  Fax:  Email:  Please provide the names of all sales representative attending the clinic.  1		□ 1T	able[orarea]-\$550	2Tables[orarea]-\$850	☐ 3 Tables [or area] - \$1125	
Electricity needed (additional \$50 hotel charge - if applicable, please add \$50 to payment).  ALES REPRESENTATIVES: Table fee includes up to two (2) sales representatives per table. Additional reps can attend for \$10 each. Please dicate here the total number of additional reps attending (if applicable, please add appropriate amount to payment - i.e. add \$20 for a total f4 reps at 1 table).  REGISTER EARLY: Space is limited and will be assigned based on availability.  Company/Organization Name:  Contact Person(s):  Address:  City:  Phone:  Fax:  Email:  Please provide the names of all sales representative attending the clinic.  1 6 6 2 7 7 3 8 8 4 9 9 5 10		☐ 4 T	ables [or area] - \$1375			9
Address: City: Phone: Email:  Please provide the names of all sales representative attending the clinic.  Please provide the names of all sales representative attending the clinic.	ADDITIONAL RE	QUESTS:			applicable, please add \$50 to payment).	
Company/Organization Name:  Contact Person(s):  Address:  City:  State:  Fax:  Email:  Please provide the names of all sales representative attending the clinic.  1	indicate here th	ne total nu				
Contact Person(s):  Address:  City: State: ZipCode:  Phone: Fax:  Email:   Please provide the names of all sales representative attending the clinic.  1 6 6 2 7 7 3 8 8 4 9 9 5 10			REGISTER EARL	Y: Space is limited and will be assign	ned based on availability.	
Contact Person(s):  Address:  City:	Compan	y/Organiz	ation Name:			
State:   Zip Code:	Contact	Person(s)				
City:       State:       Zip Code:         Phone:       Fax:         Email:	Address	3:				
Phone:	City:	-		State:	Zip Code:	
Please provide the names of all sales representative attending the clinic.  1 6 7 3 8 8 4 9 9 5 10	Phone:					_
1       6         2       7         3       8         4       9         5       10	Email:					
2     7       3     8       4     9       5     10			Please provide th	e names of all sales representat	ive attending the clinic.	
3 8 4 9 5 10		1		6		
4     9       5     10		2		7		
5 10		3		8		
		4		9		
Check or money order enclosed in the amount of:		5		10		
	Check or mone	ey order e	enclosed in the amount	of:		

Be sure payment includes additional fees for electricity and/or additional sales representatives, if applicable.

Make check payable to: "THE BIG NEW ENGLAND FOOTBALL CLINIC"

Mail to: The Big New England Football Clinic Attn: Keith Kenyon 104 Fescue Lane South Kingstown, RI 02879