

Email: clinic@sidelinepower.com
Web Site: www.clinicofchampions.com

41st YEAR RENO CLINIC OF CHAMPIONS EXHIBITOR RESERVATIONS

Contact Name	Cell #:				
Name of persons representing company at Clinic (only two p	er company_				
Local Rep:	Cell #:				
Company Address					
City, State, Zip					
Telephone () FAX () Has your company attended the Clinic of Champions in the p Will you require a room at the Clinic? 1 or 2 beds		YES	or	NO	(circle one)
Under whose name **Please let us know A.S.A.P.	THUR. & FRI.	YES	or FRI.	NO	FRI. & SAT.
Do you plan on offering a gift at the Saturday Social? If so, what		or YES	or	or NO	FRI. Q SAT.
EXHIBITII	NG FEES				
Two day exhibiting fee including (1)	booth & Luxur	y Tow	er rooi	m: \$75	50
FEES ARE DUE DE	CEMBER 1, 202	.0			
Not Refundable A	fter JAN. 1, 202	21			
lake checks payable to:					
Clinic of Champions/Sideline Power					
PO Box 192					
Greenwood, NE 68366 Phone: (800) 496-4290 Clinic Director: (916) 996-9506	Please t	ape yo	ur busin	ess card	nere!
can & Email to:					

**Exhibitors space (8'x10' booth) includes table (6'), 2 chairs, drapes and sign only.

For electricity prices contact: Freeman Customer Service (775) 355-4600.

Also you can ship your show inventory to Exhibitor % Freeman – 2080 Brierly Way Suite 102 – Sparks, NV 89434 and they will deliver it directly to your booth.

Or Ship to: Grand Sierra Resort – 2500 E. Second St. Reno, NV 89595

***Exhibitors can begin setting up on Friday, February 26 at 12:30 p.m.
Clinic doors open at 5:00 p.m. and exhibitors may begin to tear down on Saturday at 6:00 p.m. (not before)