

TEXAS CHEER COACH CONFERENCE™

Brought to you by: Texas Cheerleader® Magazine, Inc.

2011 Vendor Form

June 4 & 5, 2011

January 1, 2011

Dear Vendor:

Thank you for your interest in the 2011 *Texas Cheer Coach Conference*™. We are glad you have decided to join us.

Register TODAY for
The Texas Cheer Coach Conference™
Registration Deadline: May 1, 2011

Booth cost for Current TCM Advertisers:

\$350.00 (must be paid prior to set up)

For Non-Advertisers, please contact our office.

Payable to: *Texas Cheerleader® Magazine*,

Mail to: Texas Cheerleader Magazine, P.O. Box 3999, Cedar Park, Texas 78630

(MasterCard, Visa, Discover or American Express accepted.) Please call our office for credit card processing.

*Booth space includes: Space for 1 8-foot table, (electricity), lunch provided by Texas Cheerleader® Magazine for 2 people, if you intend to have more than 2 people, the cost for lunch is \$30.00 per person. Please make plans to setup Friday evening, June 3, 2011 after 4:00 PM. We will have a mixer on Friday evening for vendors and coaches only from 8:00 PM to 11:00 PM. We plan to start this event at 8:30 AM on Saturday. Between 8:30AM and 9:30AM we will have a meet and greet session for the coaches to meet you and your company.

(Booth placement to be determined by Texas Cheerleader Magazine staff.)

Please visit the Texas Cheerleader Magazine website for Hotel Information and for directions to the event.

www.texascheerleadermagazine.com

Please initial in the spaces below that apply:

___ Yes, I will be bringing my own table/tables

___ I will need 1 8-foot table. (Cost for table - \$15.00)

Note: If you do not have a table, Texas Cheerleader® Magazine will provide **one** 8-foot table.

___ I will set up my booth the morning of the event before 8:00 a.m.

Contact Person **for the day of the event ONLY:** Denise or Ross Martin or TCM representative – 512-733-7716

Company Information:

Name of Business: _____

Business Address: _____

Contact Person: _____

Phone/Cell #: _____

Email: _____

Signature: _____ Date: _____

Please fax a signed copy to: 1-413-778-6600

****Sponsorship Opportunities Available.** Please contact our office for further information at 512-733-7716.

Paying by (Circle): **Money Order** **Check** **Cashier's Check** Credit Card: **MasterCard** **Visa** **Discover** **American Express**

Signature _____ Total amount to charge \$ _____

Credit Card # _____ Exp Date _____ Security code _____

Name of cardholder (print) _____