

Ohio High School Basketball Coaches Association

To Whom It May Concern:

On September 24 & 25, 2017, the Ohio High School Basketball Coaches Association will be hosting its Annual Basketball Clinic. It is my pleasure, on the behalf of the membership of our association, to extend to you an invitation to join with other basketball related businesses to be part of our Vender Expo. It will be held in Battelle Hall, located in the Greater Columbus Convention Center, with the host hotel being the Crowne Plaza. You can contact the Crowne Plaza for a room at the clinic rate of \$123 by calling 614-461-4100 (please reference the following reservation code: OBC to obtain the clinic rate).

Cost for businesses to set up a display for the two-day event will be **\$250 (per table) plus a donation of a door prize**. There will be security overnight, thus eliminating the need for you to tear down your display. Also, we will give vendors the option of coming in for the Sunday portion only for \$200. We have held this clinic for the past nineteen years and have had much success. We have hosted up to 1300 coaches from all parts of the state.

It is our wish that you be part of our 2017 OHSBCA Basketball Clinic. If you are interested in being part of the vendor expo, please return the bottom of this form with your payment to:

Mr. Tom Souder
2145 Surrywood Drive
Dublin, OH 43016
Email: tsouder@wscloud.org
School Phone: 614-450-6463
Home Phone: 614-734-0348

Upon receipt of your registration and check, you will be e-mailed a confirmation letter with specific details. Check in for vendors will be on Sunday beginning at 8 am. You will be permitted to load and unload from the dock area but may have to move your vehicle when finished, as Parking Passes are VERY LIMITED. Additionally, if you wish to obtain a clinic brochure prior to the event; you can obtain one from the OHSBCA website: www.ohiobkcoaches.com (after August 1). We hope to see you as part of our 2017 Clinic and Vendor Expo on September 24 & 25.

Sincerely,

Dave Krauss
OHSBCA Clinic Director

(Please complete the bottom of this form and return this along with payment to Tom Souder at the above address. Thanks!)

Company Name _____

Representative _____

Address _____

Phone _____ **Email** _____

\$250 per table: Enclosed is _____ for _____ table(s) requested . . . **Please note – an additional \$100 charge if you need electrical hook-up.**

Sunday Only: option is \$200 per table: _____ table(s) requested . . . (same charge as above for electrical)

_____ **We will not be able to attend but please put our company's brochure into the Coaches' Packet – Cost \$125**
(if selecting this option, you will be notified of the mailing information upon receipt of your payment)