



# Vendor Registration Form

2025 PSFCA COACHES CLINIC  
February 13th-15th

## Vendor Information

Vendor Name : \_\_\_\_\_

Contact Name : \_\_\_\_\_

Email : \_\_\_\_\_

Full Address : \_\_\_\_\_

City/State/Zip : \_\_\_\_\_

Phone Number : \_\_\_\_\_

Rep Names to : \_\_\_\_\_  
be present @ : \_\_\_\_\_  
clinic : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_

## Vendor Registration Cost

\*Choose your type of registration

- (1) Station with Power-\$650       (1) Station No Power \$600   
(2) Stations with Power-\$1300       (2) Stations No Power \$1200

## Please remit Payment and this form to :

PSFCA  
5010 Ritter Rd, Suite 119  
Mechanicsburg, Pa 17055  
844-339-8033



**\*Vendor registration is granted on a first come first serve basis.**