



May 28-30, 2009 • Boston Convention & Exhibition Center • Boston, MA

Official Show Directory Listing Form

If you already edited or created your virtual booth online, you DO NOT need to submit this form

- 1) **Alphabetical Listing of Exhibitors:** Company name, address, and phone number
- 2) **Product/Service Category Listings:** Your company name and booth number appear in up to three listings of the key areas your company serves
- 3) **Show Specials:** Listings of prize drawings, celebrity appearances, giveaways or discounts

Please note: information will be printed as submitted on this form, so it is vital that you double-check for accuracy. To make certain that it is completely legible, **we request that all information be typed.** If you do not submit this form by the deadline, **April 10, 2009**, we reserve the right to list your firm as we deem most appropriate.

1- Alphabetical Listings of Exhibitors (Please type: listings will be printed in the Program exactly as submitted here)

Company Name: _____ Booth Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Representative: _____

Website: _____

2- Product/Service Category Listings: Please check off category(ies): your company provides: you may select up to three different categories.

- | | | |
|---|--|--|
| <input type="checkbox"/> Aerobics Accessories | <input type="checkbox"/> Consultants/Mgmt Svcs | <input type="checkbox"/> Member Incentive Programs |
| <input type="checkbox"/> Apparel & Uniforms | <input type="checkbox"/> Entertainment/Incentive Svcs. | <input type="checkbox"/> Nutritional Programming |
| <input type="checkbox"/> Architects/Designers/Builders | <input type="checkbox"/> Equipment Accessories | <input type="checkbox"/> Nutritional Supplements |
| <input type="checkbox"/> Associations/Publications | <input type="checkbox"/> Fitness Networks | <input type="checkbox"/> Pilates/Yoga Equipment |
| <input type="checkbox"/> Cardiovascular Training Equip. | <input type="checkbox"/> Flooring/Courts/Surfaces | <input type="checkbox"/> Saunas |
| <input type="checkbox"/> Children's Programming | <input type="checkbox"/> Food & Beverage Suppliers | <input type="checkbox"/> Security/ID Card Systems |
| <input type="checkbox"/> Climbing Walls | <input type="checkbox"/> Group Exercise Programming | <input type="checkbox"/> Signs/Promotional Services |
| <input type="checkbox"/> Commercial Laundry Equip. | <input type="checkbox"/> Health Club Franchising | <input type="checkbox"/> Spa Equipment |
| <input type="checkbox"/> Computerized Testing Equip. | <input type="checkbox"/> Hydrotherapy | <input type="checkbox"/> Sporting Goods, Pro Shop Supplies |
| <input type="checkbox"/> Computers & Software-
Billing & Financial | <input type="checkbox"/> Insurance | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Computer Software-Club
Management/Retention | <input type="checkbox"/> Janitorial/Cleaning/Maintenance | <input type="checkbox"/> Strength Training/Weights |
| <input type="checkbox"/> Computerized Testing Equip.
Body Composition, Heart Rate
Monitors, AEDs) | <input type="checkbox"/> Internet Technology | <input type="checkbox"/> Tanning Equipment/Accessories |
| | <input type="checkbox"/> Laundry Equipment | <input type="checkbox"/> Training/Certification |
| | <input type="checkbox"/> Leasing Companies | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Locker Room Amenities | |
| | <input type="checkbox"/> Lockers | |

3- Show Specials Please describe your show special here: please limit your descriptions to 15 words or less

DEADLINE: APRIL 10, 2009

Fax to: Robin Leven, Club Industry, 215-230-8492 or 913-514-6416