



### Clinic Request & Confirmation Form

Request for all BAB Steering Clinics must be received **THREE** months prior to the actual clinic date. All request must be submitted on this clinic request form. Please complete the information requested below and fax to the BAB Sales Department at 208.331.1047 or E-mail to [Sales@babsteering.com](mailto:Sales@babsteering.com). You will receive a confirmation number via return fax within 72 hours. If you have questions please contact your BAB sales rep.

**Please provide the following information so BAB can supply you with flyers**

Distributor: \_\_\_\_\_

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

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

Contact person: \_\_\_\_\_

Clinic Location: (Hotel name & address) \_\_\_\_\_

Name of the Hotel/Motel Room the clinic will be held in. \_\_\_\_\_

Clinic date: \_\_\_\_\_

Time(s): \_\_\_\_\_ AM \_\_\_\_\_ PM

Purchase order #: \_\_\_\_\_

If you are charging for the clinic \$ \_\_\_\_\_

Do you want BAB Bucks, if so \$ amount. \_\_\_\_\_

Number attending: \_\_\_\_\_ Please estimate, you can verify the count a week prior to the clinic, but we need a count in order to provide the correct books and supplies.