

**APPLICATION TO EXHIBIT**

**SPDDS Midwinter Meeting | Friday, January 21, 2022  
Inwood Oaks | Oakdale, Minnesota**

Company/Organization Name (To be displayed) \_\_\_\_\_  
Name of person completing contract \_\_\_\_\_ Title \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

SPDDS will mail program & final letter to: Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Name(s) of representatives at exhibitor booth (Please print clearly) - **LIMIT 3**  
\_\_\_\_\_  
\_\_\_\_\_

**Booth assignments will be made based on the order in which they are received.  
Companies are asked to submit registration materials by December 3, 2021.  
Assignments will be made mid-December.**

\_\_\_\_\_ Our company will Exhibit (\$400) Exhibit fee \$ \_\_\_\_\_  
\_\_\_\_\_ We need an electrical outlet (\$0) **TOTAL DUE \$** \_\_\_\_\_  
\_\_\_\_\_ Our company would like to donate the following door prize \_\_\_\_\_

Exhibit space will include one six-foot skirted table and your company name attached to the front of the table.  
Table number preferences (Refer to floor plan): **Choice #1** \_\_\_\_\_ **Choice #2** \_\_\_\_\_ **Choice #3** \_\_\_\_\_

**SPDDS office: 1335 Industrial Blvd NE Ste 200, Minneapolis, MN 55413**

**To pay by check-** Complete & sign application(s), include check made payable to: Saint Paul District Dental Society and mail to SPDDS office.

**To pay by credit card-** Complete, sign application(s), return via email to [dentalsociety@spdds.org](mailto:dentalsociety@spdds.org), or by fax to (612) 767-8500, or mail to SPDDS office, and call Amber at (612) 767-4251 to provide credit card information.

~Exhibitor set-up begins at 6:30 a.m. and breakdown begins after 11:15 a.m.~

**PLEASE SIGN THIS APPLICATION AND RETURN TO THE SPDDS OFFICE**

By signing this application, you agree to abide by the 2022 Midwinter Meeting Contract Rules & Regulations found here: <http://spdds.org/wp-content/uploads/2022-Exhibitor-Contract-Rules-and-Regulations-1.pdf>.  
Keep a photocopy of this application for your records.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SPDDS Refund Policy – Refunds will be made if canceled before 11/26/2021. Cancellation fee applies (\$75)  
No refunds will be accepted after 11/26/2021.**