

APPLICATION TO EXHIBIT

SPDDS Midwinter Meeting, Friday, January 18, 2019
University of St. Thomas - Saint Paul Campus, Anderson Student Center

Company/Organization Name (to be displayed) _____

Name of person completing the contract _____ Title _____

Telephone _____ Fax _____ Email _____

Mail Program and final letter to: Name: _____

Address: _____

City, State, Zip: _____

Name(s) of representatives at exhibitor booth (please print clearly): LIMIT 3

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Companies that submit both the application and payment by 10/8/18 will be included in the emailed program to all members in mid-October. This program will also be handed out to all attendees in January for the meeting. Exhibitors with applications turned in after 10/8/18 will be listed in onsite materials.

_____ Our company will Exhibit (\$400)

_____ We need an electrical outlet (\$0)

_____ Reservation for Luncheon/Program at \$25.00 x _____ (# to order)

_____ Our company would like to donate the following for a door prize: _____

Exhibit fee \$ _____

Electrical Outlet Box \$ _____

Luncheon Total \$ _____

TOTAL DUE \$ _____

Exhibit space will include one six-foot skirted table and your company name attached to the front of the table.

Table number preference (refer to the floor plan): Choice #1 _____ Choice #2 _____ Choice #3 _____

- **To pay by check**, return the signed application(s) with your check made payable to the Saint Paul District Dental Society
- **To pay via credit card**, return the signed application(s) and call the SPDDS Office at 651-697-0831 with payment information

Exhibitor set up is at 7:00 a.m. and breakdown is anytime after 12:30 p.m.

Please sign this application and return to the SPDDS office.

By signing this application you agree to abide by the enclosed list 2019 Midwinter Meeting Contract Rules & Regulations. Keep a photocopy of the application for your records.

Signature _____ Date _____

SPDDS Refund Policy - Refunds will be made if canceled before 10/8/18. \$75.00 cancellation fee applies.

No refunds after 10/8/18