



# 2018 SOUTHWEST DENTAL CONFERENCE EXHIBIT SPACE CONTRACT

September 6-7, 2018 • Kay Bailey Hutchison Convention Center • Dallas, TX

Sponsored by Dallas County Dental Society

The undersigned Exhibitor has applied to the Dallas County Dental Society and the Southwest Dental Conference, hereinafter called the Association, for exhibit space at the Southwest Dental Conference at the Kay Bailey Hutchison Convention Center, Dallas, Texas. The exhibit hall will be open September 6-7, 2018. All provisions of the "Official Rules and Regulations for Exhibit Booths" shall be a part of this contract.

THIS CONTRACT MUST BE ACCOMPANIED BY A DEPOSIT OF 50% OF THE TOTAL COST OF THE BOOTH SPACE SELECTED. FULL PAYMENT DUE ON OR BEFORE MARCH 1, 2018. NO REFUNDS AFTER MARCH 15, 2018. APPLICATIONS MADE AFTER MARCH 1, 2018 MUST BE ACCOMPANIED BY PAYMENT IN FULL. IF BALANCE IS DELINQUENT AFTER MARCH 1, 2018, BOOTH SPACE IS SUBJECT TO CANCELLATION AND RESALE WITHOUT NOTIFICATION.

### NUMBER OF 10x10 BOOTHS TO BE RESERVED:

PREFERRED BOOTH NUMBER(S): 1<sup>st</sup> choice                      2<sup>nd</sup> choice                      3<sup>rd</sup> choice                      4<sup>th</sup> choice

\*All assignments are based on points earned. Points are determined by the number of years exhibiting and number of booths purchased.

Companies you prefer to be located next to: \_\_\_\_\_

Companies you prefer not to be located next to: \_\_\_\_\_

Products/services to be exhibited: \_\_\_\_\_

### COMPANY INFORMATION *(Please write exactly as you would like the information presented in Conference publications.)*

Company Name: \_\_\_\_\_

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

### CONTACT INFORMATION *(This information will not be published.)*

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

### PAYMENT INFORMATION Amount Enclosed: \$ \_\_\_\_\_

- Full booth payment       50% deposit (valid only before March 1, 2018)
- Check # \_\_\_\_\_       MasterCard               Visa                       American Express

Cardholder Name: \_\_\_\_\_

Card #:                      -                      -                      -                      Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

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

*Your signature below indicates your approval for charges to your credit card account.*

By executing this application, Exhibitor agrees to all terms, conditions, and provisions of the "Official Rules and Regulations for Exhibit Booths" and agrees to hold the Dallas County Dental Society and the Southwest Dental Conference, its officers, agents and employees free and harmless of any cause of action, claim or demand which may result from the use of occupancy of the assigned space or any matter arising out of this application/contract.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### RETURN CONTRACT TO: Southwest Dental Conference

Attn: Lori Dees, Exhibits Manager  
13633 Omega Road • Dallas, TX 75244

lori@dcds.org • (f) 972-233-8636 • (p) 972-386-5741 ext. 228

**BOOTH FEES**  
**In-line: \$1,050**  
**Corner: \$1,200**  
 10% discount on 4 or more booths