



2019 SOUTHWEST DENTAL CONFERENCE EXHIBIT SPACE CONTRACT

October 10-11, 2019 • 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 October 10-11, 2019. 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, 2019. NO REFUNDS AFTER MARCH 15, 2019. APPLICATIONS MADE AFTER MARCH 1, 2019 MUST BE ACCOMPANIED BY PAYMENT IN FULL. IF BALANCE IS DELINQUENT AFTER MARCH 1, 2019, BOOTH SPACE IS SUBJECT TO CANCELLATION AND RESALE WITHOUT NOTIFICATION.

NUMBER OF 10x10 BOOTHS TO BE RESERVED: _____

PREFERRED BOOTH NUMBER(S): 1st choice _____ 2nd choice _____ 3rd choice _____ 4th 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CONTACT INFORMATION *(This information will not be published.)*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, 2019)
- 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: _____

BOOTH FEES
In-line: \$1,250
Corner: \$1,500

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