2027 SOUTHWEST DENTAL CONFERENCE
EXHIBIT SPACE CONTRACT

August 20-21, 2027 • Hilton Anatole • 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 Hilton Anatole, Dallas, Texas. The exhibit hall will be open August 20-21, 2027. 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, 2027. No refunds after March 15, 2027. Applications made after March 1, 2027 must be accompanied by payment in full. If balance is delinquent after March 1, 2027, booth space is subject to cancellation and resale without notification.

BOOTH INFORMATION 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CONTACT INFORMATION *(This information will not be published.)*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, 2027)

☐ Check #_____ ☐ MasterCard ☐ Visa ☐ American Express

Cardholder Name: _____

Card #: _____ - _____ - _____ - _____ Expiration Date: _____ CVC Code: _____

Billing Address: _____

BOOTH FEES

In-line: $1,550

Corner: $1,800

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: Exhibits Manager
13633 Omega Road • Dallas, TX 75244
info@dcds.org • (f) 972-233-8636 • (p) 972-386-5741