

**EXHIBITOR'S AGREEMENT
DELAWARE STATE DENTAL SOCIETY
ANNUAL SESSION - MAY 11, 2018**

Please reserve an exhibit space at the Delaware State Dental Society's 155th Annual Session at the Chase Center on the Riverfront, Wilmington, DE, Friday, May 11, 2018.

We agree to pay the sum of \$950 for one six-foot draped table and two chairs. We also understand that the registration deadline is April 20, 2018. Exhibitors are responsible for all fees unless written cancellation is received by the Delaware State Dental Society before April 20, 2018. *No refunds will be given after this date.* Make checks payable to the Delaware State Dental Society or include your Mastercard or Visa number, expiration date, and security code.

Exhibit set-up may begin at 6:30 AM. All exhibits must be operational by 7:30 AM. Exhibit hours are 8:00 AM to 2:30 PM. All exhibits must be dismantled and removed by 3:30 PM. Exhibitors will be supplied a six-foot draped table and two chairs.

(Neither the Delaware State Dental Society, nor their representatives, nor employees or representatives of the Chase Center on the Riverfront, Wilmington, DE, will be responsible for any injury, loss or damage which may occur to the exhibitor or exhibitor's employees or property for any cause whatsoever. The exhibitor, on signing this contract, expressly releases the foregoing named Society, individuals or facility from any and all claims for such loss, damage or injury.)

EXHIBITOR INFORMATION

Please type or print & list company name exactly as it should appear in any promotional materials.

Company _____

Contact Person _____ Title _____

Signature _____

Address _____

City _____ State _____ Zip _____

Office Telephone: _____ Fax: _____ E-Mail Address: _____

Description of Service or Product _____

Indicate First Three Booth Choices: 1) _____ 2) _____ 3) _____ (see attached floor diagram)
(Note: Booth assignments will be made in April and choice selection does not guarantee requested space.)

Please list attending representatives: 1) _____ 2) _____

Representative's Cell Phone #: _____

The exhibitor fee of \$950.00 includes a six-foot draped table, two chairs, continental breakfast, and lunch for two representatives. Additional meal tickets are available at \$35.00 per person. Electrical hook-up is available for purchase. Please indicate below if you will require electricity.

_____ Exhibit Fee - \$950.00 _____ Additional meal tickets - \$35.00 (indicate # _____)

_____ We require Electricity and will contract directly through the Chase Center.

TOTAL PAYMENT OF \$ _____ IS ENCLOSED

_____ MasterCard _____ VISA # _____ Expiration Date _____ Security Code _____

**MAKE CHECK PAYABLE TO: DELAWARE STATE DENTAL SOCIETY
200 Continental Drive, Suite 111, Newark, DE 19713 (302) 368-7634 FAX: (302)-368-7669**