



ATTEND THE 158th DSDS Annual Session May 14, 2021

Dear Exhibit Manager:

As the Delaware State Dental Society moves towards our 2021 Annual Session, we have taken into consideration the impact COVID 19 continues to have on our lives. In an effort to ensure the safety of our speakers, exhibitors and registrants in following COVID guidances and protocols, this event will take place at The Chase Center on the Riverfront in Wilmington, DE. The Chase Center is committed to providing space that can very comfortably accommodate our group with ample physical distancing and masks in effect, as well as providing hand sanitizer stations throughout the venue. That being said, we extend an invitation to you and your company to join us as an exhibitor during our full day CE course, featuring, Dr. Hal Crossley with his topic on "The Weed of Today is Not Your Momma's Weed AND Clues to Your Patients' Health: Look in Their Bag of Pills." This is sure to be a very engaging program. Our Pal Hal has become nationally and internationally recognized as an expert on street drugs and chemical dependency as well as the clinical pharmacology of dental drugs. Don't miss this exciting event!

The Annual Session is designed to provide several opportunities for attendees to visit the exhibits with a welcome continental breakfast and mid-morning beverage break offered in the exhibit hall and a luncheon buffet where you are invited to join the attendees in Wilmington Hall. As the largest single function sponsored by the Dental Society, we are expecting a large attendance of dentists and auxiliary.

Due to COVID protocols, exhibit space is limited this year, SO PLEASE DO NOT HESITATE in returning the attached Exhibitor Agreement. This is an Annual Session you won't want to miss.

We look forward to hearing from you soon. Deadline for exhibit sales is May 3, 2021...or until we are sold out. If you have any questions, please feel free to call Patti at the DSDS office at 302-368-7634. Thank you for your continued support of the DSDS Annual Session.

B.J. Dencler
Executive Director

As an exhibitor, for the fee of \$950, you will receive one six-foot draped table, two chairs, continental breakfast, mid-morning beverage break and lunch provided for two company representatives. Additional meal tickets are available at \$35.00 person.

**EXHIBITOR'S AGREEMENT
DELAWARE STATE DENTAL SOCIETY
158th ANNUAL SESSION - MAY 14, 2021**

Please reserve an exhibit space at the Delaware State Dental Society's 158th Annual Session at the Chase Center on the Riverfront, Wilmington, DE, Friday, May 14, 2021.

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 May 3, 2021. Exhibitors are responsible for all fees unless written cancellation is received by the Delaware State Dental Society before May 3, 2021. *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 completing 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)

LAYOUT IS SUBJECT TO CHANGE BASED ON COVID RESTRICTIONS

(Note: Booth assignments will be made in May 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

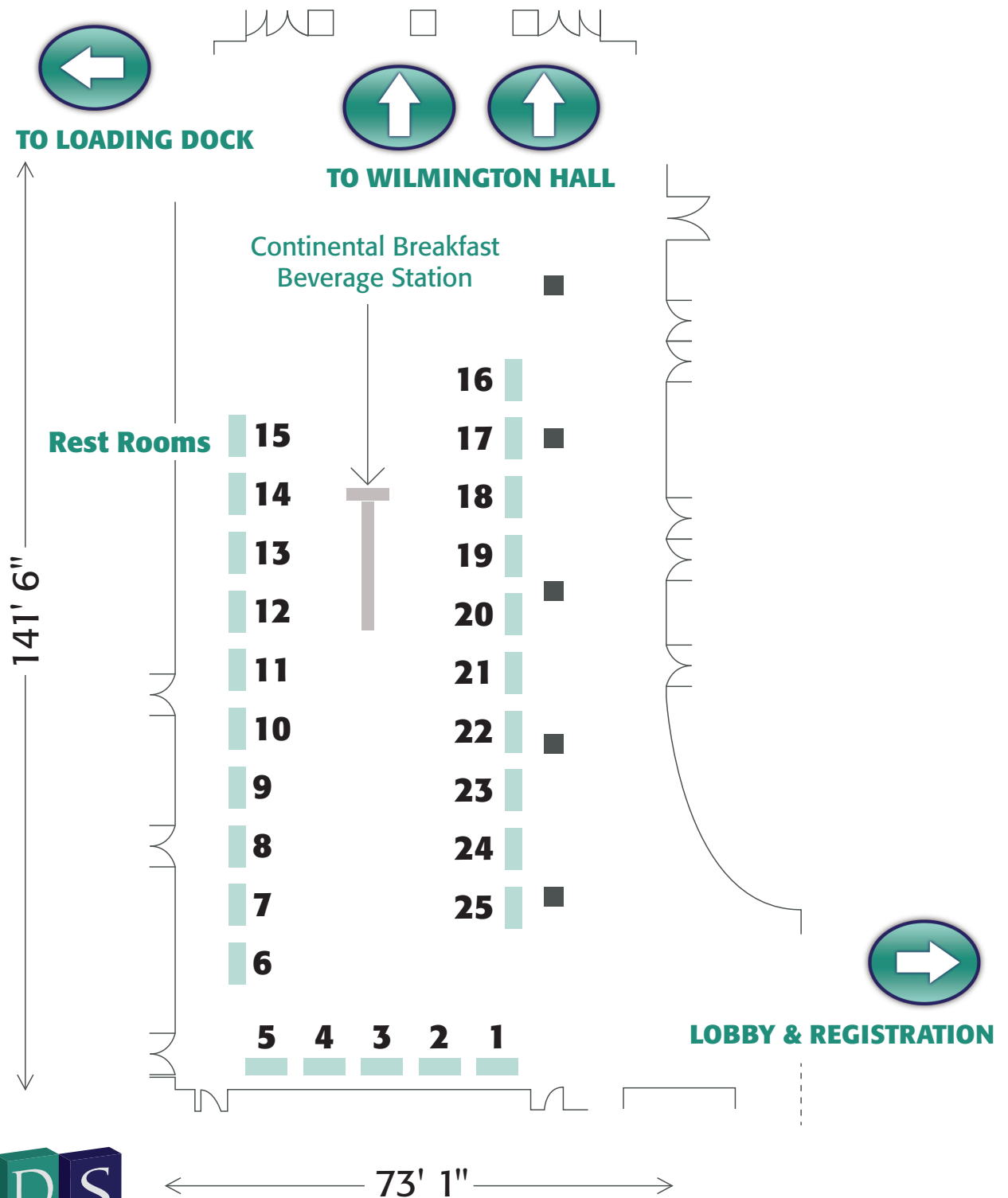
_____ MasterCard _____ VISA # _____ Expiration Date _____ Security Code _____

MAKE CHECK PAYABLE TO: DELAWARE STATE DENTAL SOCIETY

LAYOUT IS SUBJECT TO CHANGE BASED ON COVID RESTRICTIONS

158TH ANNUAL SESSION OF THE DELAWARE STATE DENTAL SOCIETY

Chase Center on the Riverfront



DELAWARE STATE DENTAL SOCIETY

www.delawarestatedentalsociety.org

Governor's Hall