



2024

CONTINUING EDUCATION EXHIBITOR'S AGREEMENT

Please reserve an exhibit space at the Delaware State Dental Society 2024 CE series. We agree to pay the sum as indicated below, which will include one six-foot draped table, two chairs, and wifi, continental breakfast and lunch for 2 reps, and complimentary parking.

Exhibitors are responsible for all fees unless written cancellation is received by the Delaware State Dental Society 20 days prior to each CE event. No refunds will be given on or after the 20-day deadline. Make checks payable to DSDS or include your MasterCard or VISA number, expiration date, and security code.

Exhibit set-up time for each course is 7:15 AM. All exhibits must be operational by 7:45 AM. Exhibit hours are 7:45 AM to the conclusion of the course. All exhibits must be dismantled and removed within one hour of the conclusion of the course.

EXHIBITOR INFORMATION (please print or type)

Company Name _____
Contact Person _____ **Title** _____
Signature _____
Address _____
City _____ **State** _____ **Zip** _____
Office Telephone (____) _____ **Fax:** (____) _____
Email Address: _____ **Cell #** _____
Description of Product or Service _____

Representatives attending: 1) _____ 2) _____

Electricity Needed? YES _____ NO _____

PLEASE COMPLETE THE INFORMATION BELOW:

Each individual course is only \$700.00

Date attending:

____ Friday, 4/26/24 ____ Friday, 5/17/24 (Annual Session) ____ Friday, 10/4/24 ____ Friday, 11/1/24

Total payment enclosed \$ _____ **OR Charge Credit Card #** _____

Exp. Date _____ **Security Code** _____

Name on Card (if different from above): _____

Address for Card (if different from above): _____

***Note:** exhibit agreement is not in force until acknowledged by DSDS. Confirmation will be sent to your email address.

Return to: DSDS, 892 Eichele Road, Perkiomenville, PA 18074
Email: dedentalsociety@gmail.com **Telephone:** 302-368-7634