

2021 CONTINUING EDUCATION EXHIBITOR'S AGREEMENT

Please reserve an exhibit space at the Delaware State Dental Society 2021 CE series at the Hilton Wilmington/Christiana, Newark, Delaware.

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 at the Hilton.

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 | Ti | Title | |
| Signature | | | |
| Address | | | |
| City | State | Zip | |
| Office Telephone ()_ | Fax: (| | |
| Email Address: | Cell | Cell # | |
| Description of Product or So List attending representativ | | 2) | |
| List attending representativ | es 1) | 2) | |
| EXHIBIT PACKAGESP | LEASE CHECK YOUR S | SELECTION BELOW: | |
| Three courses - \$1,950 | | | |
| (indicate dates: | |) | |
| Per individual course(s |) - \$700 | | |
| (indicate date(s) | |) | |
| Total payment enclosed \$ | or charge to | MC VISA | |
| Credit Card # | | | |
| Credit Card # | Exp. Date | Security Code | |

Return to: DSDS, 200 Continental Drive, Suite 111, Newark, DE 19713 Email: dedentalsociety@gmail.com Telephone: 302-368-7634 Fax: 302-368-7669