



**2023**

## **CONTINUING EDUCATION EXHIBITOR'S AGREEMENT**

Please reserve an exhibit space at the Delaware State Dental Society 2023 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, 3/10/23    \_\_\_\_ Friday, 5/12/23    \_\_\_\_ Friday, 9/29/23    \_\_\_\_ Friday, 11/3/23

**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](mailto:dedentalsociety@gmail.com) Telephone: 302-368-7634**