



2027 CONTINUING EDUCATION EXHIBITOR'S AGREEMENT

Please reserve an exhibit space at the Delaware State Dental Society 2027 CE series. We agree to pay the sum as indicated below, which will include one six-foot draped table, two chairs, and Wi-Fi, continental breakfast, and lunch for two representatives, 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 credit card number, expiration date, and security code.

Exhibit set-up time for each course is 7:15 a.m. or after. All exhibits should be operational by 7:45 a.m. Exhibit hours are 7:45 a.m. 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 (____) _____ Cell # (____) _____

Email Address: _____

Representatives attending: 1) _____ 2) _____

Electricity Needed? YES _____ NO _____

PLEASE COMPLETE THE INFORMATION BELOW:

Each course is \$700.00, and the 4-course package is \$2,400 (if booked together & in advance)

Date(s) attending:

_____ Friday, 4/2/27 - Hilton Wilmington _____ Friday, 4/30/27 - Delaware Park Casino

_____ Friday, 10/15/27 - Hilton Wilmington _____ Friday, 11/12/27 - Hilton Wilmington

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, 29 Trailwood Drive, Fountain Inn, SC 29644
Email: DSDSTOM@comcast.net Telephone: 302-368-7634