

Vermont Dental Team Annual Meeting

September 17 - 18, 2009

Sheraton Burlington Hotel & Conference Center - Burlington, Vermont

EXHIBITOR/SPONSOR REGISTRATION FORM

*The deadline for Early-bird fee; postmarked by June 12th. Brochure Listing; postmarked by May 22nd.
Complete all sections.*

Company: _____ Contact Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____ E-mail: _____

Product

Description: _____

Other information:

Please list any competitors and or location requests. Also please indicate if wall space is needed for a banner.

On-site Representatives: Please list all representatives requiring a name badge at the meeting. Print name, as you would like it to appear on the badge. If address is different from the one listed above, please indicate. If more space needed; write on the back.

#1 _____ #2 _____

Street _____ Street _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Please include one on-site representatives e-mail address and phone number: _____

Please complete all sections listed below: Electrical fees apply in addition to booth fee.

Electrical Service Required: Yes No (please indicate) Please indicate; Is your Booth

Telephone Service Required: Yes No Free Standing or

Height of your Booth: # _____ feet from the floor (please indicate) Tabletop

BOOTH FEES: \$665.00 Early Bird Single Booth Fee (postmarked on or before June 12th)

\$695.00 Late Registration Single Booth Fee (registering after 6/12/09)

\$1300.00 Early Bird Double Booth \$1330.00 Double Booth Fee (after 6/12/09)

Check here If you wish to donate a door prize (preferred value \$100 and up).

All checks are payable to: VSDS or Vermont State Dental Society

Booth Fee Includes: 6' x 10' Pipe & Drape Booth Space, One draped 6' table, Two Folding Chairs, One Wastebasket, Exhibitor ID Sign, Vermont State Dental Society Membership List, continental breakfast for all representatives, and and **FOUR** \$10 vouchers per booth which can be used for lunch at the hotel restaurant "Tuckaways" on Thursday and Friday. See Exhibitor Meals on the Information sheet for details.

SPONSORSHIPS: Will be awarded on a first-come, first-served basis. Use this marketing opportunity for your organization!

Conference Registration Folders

Thursday Reception in the Exhibit Hall (\$400)

(Call regarding this opportunity)

(3-4 sponsorships available for reception)

If you wish to be a sole reception sponsor (\$1,000)

VSDS New Members Luncheon (\$400)

VSDS Past Presidents Luncheon (\$400)

Thursday Continental Breakfast (\$500)

Friday Continental Breakfast (\$500)

Thursday Dessert in the Exhibit Hall (\$400)

Friday Dessert in the Exhibit Hall (\$400)

Guest Speaker Honorariums (Please call for information) Provide Attendee Lanyards with your company logo (qty. 800)

Checks payable to : Vermont State Dental Society

Credit Card Payments: Visa MasterCard

Exhibit Booth Total: \$ _____

Sponsorship Total: \$ _____

Total Payment: \$ _____

Account #: _____ Exp. date _____

Signature: _____

Print Name on card: _____

Please FAX or mail this form to: VSDS Annual Meeting • 100 Dorset St., Ste. 18 • So. Burlington, VT 05403

Meeting Solutions 802-434-2734; and if necessary VSDS 802-864-0115 • 802-864-0116 FAX

Checks are made payable to: Vermont State Dental Society