



2019 Single Day Continuing Education Exhibit Space Application

INSTRUCTIONS: Please complete ALL sections of the application so that the VSDS can process it accurately. By submitting the application, you agree that you have read and agree to all rules as outlined in the exhibitor invitation.

CONTACT INFORMATION

COMPANY NAME

COMPANY PRODUCT DESCRIPTION

COMPANY WEBSITE FOR MARKETING PURPOSES

MAILING ADDRESS

CITY, STATE, POSTAL CODE

EMAIL ADDRESS OF PERSON SUBMITTING THIS APPLICATION

PHONE NUMBER: _____

REPRESENTATIVE #1

REPRESENTATIVE #2

Please provide for 1 representative.

MOBILE NUMBER: _____

METHOD OF PAYMENT

CHECK PAYABLE TO VSDS

CREDIT CARD NUMBER (VISA/MC ONLY)

EXPIRATION DATE

SECURITY CODE

BILLING ADDRESS/POSTAL CODE

NAME ON CARD

AUTHORIZED SIGNATURE

BOOTH SPACE INFORMATION

Booth space includes one 6' table, two chairs, a wastebasket, standard electricity/Wi-Fi when available (may vary dependent on the venue). We suggest bringing a company tablecloth logo for signage. Breakfast and lunch for **two** representatives is included. Additional meal packages may be purchased for \$50 per representative. Also, included are pre and post attendee lists.

SELECT EVENT DATE

April 12, 2019 **\$995.00**

Dr. Denis Lynch – Oral Pathology
Hilton Burlington Lake Champlain
60 Battery St., Burlington, VT

December 6, 2019 **\$995.00**

Dr. Robert A. Lowe – Restorative
DOUBLETREE by Hilton
870 Williston Rd, Burlington, VT

Bundle & Save ***\$1800.00**

Both Events (no refunds on bundles)

Please list any competitors that you wish not to be located next to:

Assignment of exhibit space shall be made solely at the discretion of the society on a first come, first served basis. Our single day events exhibit space varies dependent upon the venue.

Please Note: Registration requested 8 weeks prior to each event. Cancellations made prior to 8 weeks of event date are refundable, less \$100. *No refunds on bundles.

Return application and check made payable to: Vermont State Dental Society, 1 Kennedy Drive, Suite L3 South Burlington, VT 05403. Applications containing credit card information may be faxed to 802 864 0116 (FAX), or emailed to Joanne.Conant@vsds.org. Thank you! Questions? Call 802 864 0115