

Central New York Dental Conference '18

Application/Contract for Exhibit Space

September 13 & 14, 2018

The Oncenter • Syracuse, NY

Get Your Preferred Booth. Register Early & Online at www.cnydc.org

The company name as shown on this form will appear in all Central New York Dental Conference publications. Please use appropriate capitalization. Complete a separate contract for each company or division. Confirmation will be sent by email within 48 hours of receipt of contract.

Company Name _____ Exhibit Contact _____
Address _____ City, State, Zip _____
Telephone _____ Fax _____
Email _____ Web site _____
Parent Co. _____ Fax _____

If the exhibitor service kit or invoices should be sent to a different person, please indicate:

Name _____
Address _____ City, State, Zip _____
Telephone _____ Fax _____ Email _____

Company Name for Sign: _____
City and State for Sign _____
Product to be Exhibited: _____

Pre-register the following people:

Name _____ Email _____
Name _____ Email _____
Name _____ Email _____
Name _____ Email _____
Name _____ Email _____

Firms we prefer not to be next to if possible: _____

Total # of booths requested: _____

If available, these are our booth preferences. We realize CNYDC will make every effort, but may not be able to accommodate our requests. Available booths can be viewed on line at www.cnydc.org.

1st choice _____ 3rd choice _____

2nd choice _____ 4th choice _____

Exhibits May Be Installed On

Thursday, September 13, 12:00 p.m. - 4:00 p.m.

Exhibit Hours

Thursday, September 13, 5:00 p.m. - 7:00 p.m.

Friday, September 14, 8:00 a.m. - 3:00 p.m.

FDDS Use Only

Date Rec'd Contract _____ Payment _____

CNYDC ID # _____ Booth # _____

Pricing: \$775 Includes:

- 10' x 10' booth
- 8' high backdrop draping
- 3' high siderail draping
- 7" x 40" exhibitor ID sign
- draped & skirted 8' table
- 120 volt elec connection
- wifi included
- exhibitor reception
- 2 buffet lunch tickets

For changes to booth setup, or to order additional items, please contact
Northeast Decorating
315-471-9989

Payment Information

Payment in full is due on or before August 13, 2018. No refunds for cancellations after this date.

Check enclosed made payable to: Fifth District Dental Society

MasterCard Visa American Express

Credit Card # _____

Amount _____ Exp. Date _____

Signature _____

Print Name of Cardholder _____

Cardholder Email _____

(receipt of payment emailed to this address)

Cardholder Address: _____

(if different from above)

Return to:

Fifth District Dental Society, CNYDC Exhibits
6323 Fly Road, Suite 3, E. Syracuse, NY 13057
Tel. (315) 434-9161 • Fax. (315) 437-6013
Email: kbowers@5dds.org