

# Central New York Dental Conference '19

## Application/Contract for Exhibit Space

September 12 & 13, 2019

The Oncenter • Syracuse, NY

**Get Your Preferred Booth. Register Early & Online at [www.cnydc.org](http://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](http://www.cnydc.org).

1st choice \_\_\_\_\_ 3rd choice \_\_\_\_\_

2nd choice \_\_\_\_\_ 4th choice \_\_\_\_\_

### Exhibits May Be Installed On

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

### Exhibit Hours

Thursday, September 12, 5:00 p.m. - 7:00 p.m.

Friday, September 13, 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 12, 2019.** 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](mailto:kbowers@5dds.org)