

# Central New York Dental Conference '23

## Application/Contract for Exhibit Space

September 21 & 22, 2023

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 withing 48 hours of receipt of contract.

### Company Name

Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_  
Parent Co. \_\_\_\_\_

Exhibit Contact \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Fax \_\_\_\_\_  
Web site \_\_\_\_\_  
Fax \_\_\_\_\_

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

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
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 21, 12:00 p.m. - 4:00 p.m.

### Exhibit Hours

Thursday, September 21, 5:00 p.m. - 7:00 p.m.

Friday, September 22, 8:00 a.m. - 3:00 p.m.

### 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)

### FDDS Use Only

Date Rec'd Contract \_\_\_\_\_ Payment \_\_\_\_\_

CNYDC ID # \_\_\_\_\_ Booth # \_\_\_\_\_

### Pricing: \$900 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 21, 2023.**

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)

### Refund Policy:

Refund requests must be submitted in writing to FDDS and received by August 21, 2023. If the Exhibition must be cancelled, postponed, relocated due to fire, strike, government regulations, casualties, or other causes beyond the control of the FDDS, the Exhibitor waives any and all damages and claim for damages.