

# Central New York Dental Conference '24

*FDDS Use Only*

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

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

## Application/Contract for Exhibit Space

September 12 & 13, 2024

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

The Oncenter • Syracuse, NY

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 \_\_\_\_\_

### 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
- 110v/15 amp outlet
- 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**

### 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.

### 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)

### Payment Information

**Payment in full is due on or before August 13, 2024.**

No refunds for cancellations after this date.

Check enclosed made payable to: Fifth District Dental Society

MasterCard  Visa  American Express

Credit Card # \_\_\_\_\_ CVV: \_\_\_\_\_

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 13, 2024. 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