

Central New York Dental Conference '25

Application/Contract for Exhibit Space

September 12, 2025

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** _____

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.

1st choice _____ 3rd choice _____

2nd choice _____ 4th choice _____

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

Exhibits May Be Installed On

Friday, September 12, 7:00-8:00am.

Exhibit Hours

Friday, September 12, 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

FDDS Use Only

Date Rec'd Contract _____ Payment _____

CNYDC ID # _____ Booth # _____

Get Your Preferred Booth. Register Early.
Email kbowers@5dds.org or call 315-434-9161

Pricing: \$900 Includes:

- 10' wide x 8' deep booth
- 8' high backdrop draping
- 3' high siderail draping
- 7" x 40" exhibitor ID sign
- 8' table draped & skirted
- 110v/15 amp outlet
- wifi included
- 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, 2025.

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 12, 2025. 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.