

Central New York Dental Conference '26

FDDS Use Only

Date Rec'd Contract _____ Payment _____

CNYDC ID # _____ Booth # _____

Application/Contract for Exhibit Space

September 11, 2026

The Oncenter • Syracuse, NY

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

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

Company Booth Name: _____
City and State for Booth: _____
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 _____ 2nd choice _____

3rd choice _____ 4th choice _____

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

Exhibits May Be Installed On

Friday, September 11, 7:00-8:00am.

Exhibit Hours

Friday, September 11, 8:00 a.m. - 3:00 p.m.

Pricing: \$900 Includes:

- 8' wide x 10' deep booth
- 8' high backdrop draping
- 3' high side-rail draping
- 7" x 40" exhibitor ID sign
- 6' table draped & skirted
- 110v/15 amp outlet
- wifi included
- 2 buffet lunch tickets

**Please contact
Northeast Decorating
for changes to booth
setup, or to order
additional items.
315-471-9989**

Payment Information

Payment in full is due on or before August 11, 2026.

No refunds for cancellations after this date.

☐ Check 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)

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: apozzi@5dds.org

Refund Policy:

Refund requests must be submitted in writing to FDDS and received by August 11, 2026. 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.