

# 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](mailto: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.

## 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](mailto:apozzi@5dds.org)

## 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)

## 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.