

Exhibit Space Application/Contract

South Carolina Dental Association 141st Annual Session
 April 29 – May 2, 2010 at Embassy Suites at Kingston Plantation, Myrtle Beach, SC

This application is hereby made for the reservation of space as indicated below. Space preference at the Embassy Suites Hotel is as follows, with the understanding the exhibits committee makes the final decision on space assignments. **All exhibitor communications will be done through email, so please be sure to put the appropriate contact person's information in the contract, so that they will receive all information.**

Exhibitor's Firm Name: _____
 (please list your company name as you would like printed in all promotional material and on your exhibit sign)

Contact Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Website Address: _____
 (company link will be posted on our conference website)

Booths Selection: 1st Choice: _____; 2nd Choice: _____; 3rd Choice: _____

Firms we prefer **NOT** to be located near or beside: _____

Item	Cost	Quantity	Total
<u>Kensington Ballroom Exhibits</u>			
Perimeter 10' x 6' (prior to 11/20/09)	\$1000	_____	\$ _____
Perimeter 10' x 6' (after 11/20/09)	\$1100	_____	\$ _____
Center 8' x 8' (prior to 11/20/09)	\$950	_____	\$ _____
Center 8' x 8' (after 11/20/09)	\$1050	_____	\$ _____
<u>Cambridge Hall Exhibits</u>			
8' x 6' (prior to 11/20/09)	\$950	_____	\$ _____
8' x 6' (after 11/20/09)	\$1050	_____	\$ _____

_____ **Yes, I would like to request a 6' table exhibit on Saturday, May 1.** These are complimentary for sponsors and then are assigned on a first-come first-serve basis to contracted exhibitors. **The fee for a non-sponsor is \$50.** For your information, no security will be in place Friday evening or Saturday morning.

Payment Type: Visa; MasterCard Discover American Express Mailing Check

Card Number: _____ Expiration Date: _____

Signature: _____ **Total to Charge: \$ _____**

(Authorization to charge to credit card amount indicated)

Exhibitor fee includes: one 6' skirted table, two chairs, trashcan and a small booth sign. Each exhibitor will receive 4 exhibitor badges per 8' or 10' contracted space. Requests for additional badges can be made by contacting Dr. Phil Bonds, SCDA Commercial Chairperson, at 843-665-8176 or drpwbonds@aol.com. Exhibit space will be allocated based on sponsorship level for 2010 and then on a first-come first-serve basis according to the date the signed contract and full payment is received. All attachments which follow are a part of this contract. If you have questions, please contact Dr. Phil Bonds or Laura Jordan, event planner, at 803-892-3104 or laurahjordan@msn.com. **Please make your check payable to SCDA and return along with the signed contract to: SCDA Exhibits, 432 West Point Drive, Gilbert, SC 29054 or fax to 803-892-3510.**

Authorized By: _____ Title: _____
 (please print name)

Signature of Applicant: _____ Date: _____

Date Received: _____

Payment: _____