

INLAND NORTHWEST DENTAL CONFERENCE

Spokane Convention Center—334 W. Spokane Falls Blvd., Spokane, WA
www.spokanecenter.com for directions & exhibit guidelines

Sponsored by: *Spokane District Dental Society*

Application for Exhibit Space

April 17 & 18, 2014

Company _____
Address _____
City/State/Zip _____
Phone _____
Fax _____
Email _____

Booth Size: 10' x 10'
Cost: Corner Booth ~ \$650 All others ~ \$550
Fee includes basic booth package:
(1) 8' draped table (1) chair (1) wastebasket, booth identification sign
You must place a separate order with the Spokane Public Facilities Dist. for electrical service or Internet connection. (forms included)
Deposit: 50% of total cost for space requested
Balance Due: March 1, 2014

(SDDS) Tax I.D. 91-6058413

You are authorized to reserve _____ 10' x 10' booth space(s) in the Spokane Convention Center Exhibit Hall for the use by the undersigned. Preferred space selections are:

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Exhibit Setup: April 16, 2014 3:00 p. m.— 9:00 p. m.
Exhibit Hall Hours: April 17, 2014 8:00 a. m.— 5:00 p. m.
April 18, 2014 8:00 a. m.— 2:00 p. m.

Name of person (s) manning booth at the conference. (Please Print)

Send Exhibitor Kit to: Company
 Local / Regional Rep

Contact _____

Company _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

Company name as you wish it to appear on exhibit sign:

Please indicate specific companies you do NOT wish to be adjacent to: _____

Attendee Lunch Sponsorship Opportunities

**On-Site Lunch
Thursday, April 17**

Exclusive \$1,500 _____ Co-sponsorship \$500 _____

Friday, April 18

Exclusive \$1,500 _____ Co-sponsorship \$500 _____

SDDS USE ONLY

Amt. Due _____ Chk # _____

Amt. Received _____ Date _____

Balance Due _____ Rec'd _____

Assigned Booth(s) _____ Confirmation _____

**RETURN TO: Spokane District Dental Society
23403 E Mission Ave, Suite 218
Liberty Lake, WA 99019
Telephone: 509-838-0436 Fax: 509-838-5040
Email: wendy@spokanedentalsociety.org**

UPON SIGNING WE AGREE THAT:

1. Assignment of space made by the Society shall be considered as accepted unless rejected by us within fourteen (14) days from the date of notification of space assignment.
2. Fifty percent (50%) of the charge for space must accompany this application; payment in full will be made on or before **March 1, 2014**.
3. This application and all the provisions of the Terms & Conditions shall be incorporated as part of the contract if this application is accepted by the Spokane District Dental Society (SDDS). Any and all modifications to the Terms & Conditions shall be incorporated into this agreement, which shall be deemed to be made fourteen (14) days from the date of notification of space assignment, unless the applicant otherwise notifies the Society. Submission of this application does not constitute making a contract. **See Rule 7 for cancellation policy.**
4. Exhibitors selling merchandise from the floor must comply with the Washington State Department of Revenue.

Checks are payable to: Spokane District Dental Society

Check AMEX Visa Mastercard

Card # _____ Exp. Date _____

Cardholder's Name _____

Amount Submitted: _____ (Deposit) _____ (Payment in full) _____

Signed: _____