



Exhibitor Application and Contract

2008 Nebraska Dental Association Annual Session – April 18-20, 2008

NDA Use Only

Date Received _____

Payment: \$ _____

Company Name: _____

As you would like it to appear on signs and in publication

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

Contact: _____ Title: _____

Email: _____ Website: _____

**Deadline for
Contract is:
JANUARY 7, 2008****Booth assignment
will be made on
January 21, 2008.****SPACE SELECTION:**

All assignments are based on points earned. The NDA may be unable to accommodate booth location requests.

Number of Booths Desired: _____

Please select three booths in DIFFERENT areas of the exhibit hall (Section A, B, or C – see layout for information)

First Choice: _____ Fee: \$ _____

Second Choice: _____ Fee: \$ _____

Third Choice: _____ Fee: \$ _____

PAYMENT METHOD:**Payment in full must accompany application!** Check enclosed made payable to:*Nebraska Dental Association* American Express Discover Mastercard Visa**BOOTH PREFERENCE:** Inside Corner

Credit Card # _____

Expiration Date: _____

Amount to be charged: \$ _____

Cardholder's name: _____

Signature: _____

SPECIAL REQUESTS:

Please list any special requests regarding booth assignments (ie: companies you do not wish to be located next to)

_____**BOOTH PRICES:**

*Booths 1201, 1301 & 1401 –
Assigned on first-come first-serve
basis to Platinum Level Corporate
Sponsors - \$1,000

*Corner Booth: \$600 each

*Inside Booth: \$500 each

*Package A - 2 Booths for \$800

of booths _____ x \$ _____ = \$ _____

The undersigned hereby contracts for exhibit space at the 2008 Nebraska Dental Association Annual Session. Contract is subject to approval by the Nebraska Dental Association. Both the exhibitor and the Nebraska Dental Association agree to abide by the provisions of the 2008 Exhibitor Rules & Regulations herein. All provisions of the official 2008 Exhibitor Rules & Regulations are hereby incorporated by reference. Violations of this agreement will subject the exhibitor to penalties outlined in the Prospectus, which may include forfeiture of booth space, booth fee, and/or seniority status in booth assignment.

Authorized Signature: _____ Date: _____

Return to: Nebraska Dental Association, 3120 O Street, Lincoln, Nebraska, 68510.

Phone: 402-476-1704, Fax: 402-476-2641