

## **2024 EXHIBITOR CONTRACT**

EMBASSY SUITES - LAVISTA CONFERENCE CENTER | APRIL 12, 2024

RETURN FORM TO: 7160 SOUTH 29TH STREET, SUITE 1, LINCOLN, NE 68516 (MAIL) • 402-476-2641 (FAX) • JODY@NEDENTAL.ORG (EMAIL)

☐ First Time Exhibitor ☐ Previous Exhibitor	
Company Name	name as you would like it to appear)
Address:	
City:	State: Zip:
Phone: Email:	
Key Contact: C	Cell:
Booth Selection:  Booths are sold on a first-come, first-serve basis.  Please review the booth layout on the NDA website at www.nedental.org for available booths and to ensure the booth you are requesting is still available.	Booth Total:           # OF BOOTHS         PRICE PER ITEM TOTAL           Booth         x \$600.00 = \$
Electrical:  Electrical must to be ordered and paid for separately through the Embassy Suites / LaVista Conference Center.  See order form in this packet and on the NDA website.	TOTAL AMOUNT DUE: \$
	Payment Method:  Payment in full must accompany contract! The NDA will consider only those contracts that are completed, signed, and accompanied
Exhibitor Personnel:  Please list the names of representatives who will be staffing your booth. Please print clearly as this list will be used to prepare name badges.	by payment. Partial payments are not accepted.  ☐ Check enclosed made payable to: Nebraska Dental Association ☐ American Express ☐ Discover ☐ Mastercard / VISA
Badge #1	(please circle type)
Badge #2	Amount to be charged: \$
Badge #3	Credit Card #
Badge #4  Badge #5	Exp. Date: Security Code:  Cardholder's Name:
<b>Description of Product or Service:</b>	Billing Address:
	Signature:  ssociation Annual Session and agrees to abide by the provisions of the Rules, Regulations formation are hereby incorporated herein by reference. Violations of this agreement will oth space and/or booth fees. No refunds after February 14, 2024.
Authorized Signature:	Date:

Printed Name: \_\_\_