

2019 EXHIBITOR CONTRACT

2019 ANNUAL SESSION
THE LINCOLN MARRIOTT CORNHUSKER HOTEL
EXHIBIT HALL OPEN APRIL 12, 2019

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

Company Name: _____
(Print name as you would like it to appear in publications)

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Local Rep Name: _____ Local Rep Phone: _____

Local Rep Email: _____

Products or Services Exhibiting:

Please check the types of products and/or services you will be exhibiting. Check all that apply.

- | | | | |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Dental Supplies | <input type="checkbox"/> Drugs | <input type="checkbox"/> Financial / Insurance |
| <input type="checkbox"/> Instruments | <input type="checkbox"/> Toothbrushes | <input type="checkbox"/> Dental Equipment | <input type="checkbox"/> Computers / Software |
| <input type="checkbox"/> Management | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Distributor | <input type="checkbox"/> Other (specify) _____ |

Booth Selection:

Please examine the booth layout provided on the NDA's website at www.nedental.org for available booths and to ensure that the booth(s) you select is still available. If you select a booth that has already been sold, the NDA will assign you to another comparable location subject to your approval. Changes are made to the online floor plan as booths are sold.

Booth #: _____ Booth #: _____ Booth #: _____ Booth #: _____ Booth #: _____

Electrical / Phone Needs:

Electrical or phone items will need to be ordered and paid for separately through The Lincoln Marriott Cornhusker Hotel. See separate order form in the registration packet. Wireless internet access will be provided by the NDA as a part of your booth package.

Exhibitor Personnel:

Please list all company representatives who will be staffing your booth during the meeting. Please PRINT clearly as this list will be used to prepare name badges. Badges for names not included on this list will NOT be processed prior to the meeting.

Badge #1 _____ Badge #2 _____
Badge #3 _____ Badge #4 _____
Badge #5 _____ Badge #6 _____
Badge #7 _____ Badge #8 _____
Badge #9 _____ Badge #10 _____

Booth Total:

	<u># OF BOOTHS/FEES/TICKETS</u>	<u>PRICE PER ITEM</u>	<u>TOTAL</u>
<input type="checkbox"/> CORNER BOOTH	_____	X \$600.00 =	\$ _____
<input type="checkbox"/> INSIDE BOOTH	_____	X \$500.00 =	\$ _____
<input type="checkbox"/> CORPORATE SPONSOR <i>(PLEASE FILL OUT SEPARATE SPONSORSHIP FORM)</i>			\$ _____
<input type="checkbox"/> WEBSITE AD <i>(PLEASE FILL OUT SEPARATE ADVERTISING FORM)</i>		\$125.00	\$ _____
TOTAL AMOUNT DUE:			\$ _____

Payment Method:

Payment in full must accompany contract! The NDA will consider only those contracts that are completed, signed, and accompanied by payment. Partial payments are not accepted.

- Check enclosed made payable to: Nebraska Dental Association
 American Express Discover Mastercard / VISA (please circle type)

Credit Card # _____ Exp. Date: _____ Amount to be charged: \$ _____

Cardholder's Name: _____

Billing Address: _____

Signature: _____

Agreement:

The undersigned hereby contracts for exhibit space at the 2019 Nebraska Dental Association Annual Session and agrees to abide by the provisions of the Rules, Regulations and Information as published. All provisions of the official Rules, Regulations and Information are hereby incorporated herein by reference. Violations of this agreement will subject the exhibitor to penalties outlined in the Prospectus, which may include forfeiture of booth space and/or booth fees. No refunds after February 25, 2019.

Authorized Signature: _____ Date: _____