Nebraska Dental ASSOCIATION | ADA

2026 EXHIBITOR CONTRACT

NEBRASKA INNOVATION CAMPUS | MAY 8, 2026

SCAN TO REGISTER

PLEASE REGISTER ONLINE AT 2026 EXHIBITORS, OR 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 _____
(Print name as you would like it to appear)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Key Contact: _____ 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 #: _____ Booth #: _____ Booth #: _____

Electrical:

Due to the layout and capabilities at Innovation Campus, electrical access will be available at select booth locations only. Booths with power have been clearly marked on the layout, so please review this carefully when selecting your space.

If your space requires electricity, we encourage you to choose one of the designated booths or consider using battery powered equipment as an alternative.

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.

Badge #1 _____

Badge #2 _____

Badge #3 _____

Badge #4 _____

Badge #5 _____

Description of Product or Service:

_____

Booth Total:

# OF BOOTHS		PRICE PER ITEM	TOTAL
❑ Booth	_____	x 750.00	= $_____
❑ Additional lunches	_____	x $25 each	= $_____
❑ Booth Included With Sponsorship			

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)

Amount to be charged: $ _____

Credit Card # _____

Exp. Date: _____ Security Code: _____

Cardholder's Name: _____

Billing Address: _____

_____

Agreement:

The undersigned hereby contracts for exhibit space at the 2026 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 herein, which may include forfeiture of booth space and/or booth fees. No refunds after March 1, 2026.

Authorized Signature: _____ Date: _____

Printed Name: _____