

EXHIBIT APPLICATION

CDS USE ONLY:

Date: _____ ID#: _____

ROUND 2 SPACE ASSIGNMENTS: AUG. 15

Applications received after this date will be accumulated until all first round space assignments have been made and confirmed.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

To complete this application, please print or type the information below, or fill using Acrobat Reader. Sign and submit with full booth amount to:

Chicago Dental Society, 401 N. Michigan Ave., Suite 200,
Chicago, IL 60611-5585 or exhibits@cds.org

PRICING: All booths are 10' x 10' (3.04 m x 3.04 m)

- **Standard booth:** \$4,300
- **Corner booth:** \$4,800
- **Aisle Space:** \$4,300
- **Meeting Room:** \$4,000

PAYMENT METHOD:

Check/Cashier's Check ACH Check Wire Transfer

PAYMENT (FULL PAYMENT DUE):

- Booth space will not be assigned without payment in full.
- All payments must be made in U.S. funds drawn on a U.S. bank.
- Exhibitors who wish to pay by American Express, Mastercard or Visa must apply for exhibit space using the interactive form found online only at www.cds.org.
- **International exhibitors deposit:** All exhibitors must pay the entire booth rental fee when they submit their application.

EXHIBITOR CONTACT INFORMATION (This address will be used to mail/email all CDS exhibit-related materials. Not for publication.)

COMPANY INFORMATION (The company name will appear in all Midwinter Meeting publications, mobile app, online tools, and badges as shown on this form.)

COMPANY NAME

EXHIBITED PREVIOUSLY UNDER FORMER COMPANY NAME (IF APPLICABLE)

ADDRESS

CITY

STATE

ZIP

CUSTOMER SERVICE PHONE

CUSTOMER SERVICE FAX

CUSTOMER SERVICE EMAIL

WEBSITE

COMPANY NAME (IF DIFFERENT FROM ABOVE)

EXHIBITOR CONTACT PERSON/TITLE

ADDRESS: SAME AS ABOVE

CITY

STATE

ZIP

EXHIBITOR CONTACT PHONE

EXHIBITOR CONTACT MOBILE

EXHIBITOR CONTACT FAX

CUSTOMER SIGNATURE

DATE

Yes, I have read the prospectus and agree to abide by all provisions, rules and regulations.

Continued...

CHICAGO DENTAL SOCIETY
401 N. Michigan Ave., Suite 200 Chicago, IL 60611-5585
P: 312.836.7327 E: exhibits@cds.org



CHICAGO DENTAL SOCIETY™
159th MIDWINTER MEETING
FEB. 22 – 24, 2024 | WWW.CDS.ORG

COMPANY TYPE

Manufacturer Rep Distributor Lab Laser Supplier Precious Metals Other

Specify: _____

SPACE REQUESTS

NUMBER OF MEETING ROOMS REQUESTED

NUMBER OF BOOTHS REQUESTED

Configuration: Standard Corner Peninsula Island Other _____

(Note: Exhibitors who wish to reserve an island booth space must also purchase the additional two booths needed to create the island)

PHYSICAL DIMENSIONS OF YOUR BOOTH (INCLUDE BOOTHS TO CREATE AN ISLAND IF APPLICABLE)

IF AVAILABLE, THESE ARE OUR BOOTH PREFERENCES

(If requesting an Island or Peninsula booth, list all numbers desired.)

SPACE PREFERENCES

We realize that CDS may be unable to accommodate our booth location/choices. *(Exhibitors must check this box as a condition for CDS to accept their application.)*

FIRST CHOICE

SECOND CHOICE

THIRD CHOICE

FOURTH CHOICE

Same as last year:

Check one: Corner booth required Island only Peninsula only Other: _____

SPECIAL REQUESTS

- List special requests for consideration in booth assignments (i.e. companies you do not wish to be located near or next to).
- List specific company name(s) — not products/services.
- *CDS will make every effort to accommodate your requests, but can not guarantee that you will not be near or next to a competitor.*

ONSITE CONTACTS

BOOTH CONTACT NAME

EMAIL

PHONE

MARKETING CONTACT NAME

EMAIL

PHONE