

NOT-FOR-PROFIT EXHIBIT APPLICATION

CDS USE ONLY:

Date: _____ ID#: _____

To complete this application, please print or type the information below, or fill using Acrobat Reader. Sign and submit copy to: Chicago Dental Society, 401 N. Michigan Ave., Suite 200, Chicago, IL 60611-5585 or exhibits@cds.org.

EXHIBITOR INFORMATION (TYPE OR PRINT)

COMPANY NAME	DIVISION OF/CROSS REFERENCE		
ADDRESS	CITY	STATE	ZIP
EXHIBIT CONTACT PERSON	EXHIBIT CONTACT PHONE		
EMAIL (REQUIRED)	CUSTOMER SERVICE PHONE	FAX	
CONTACT SIGNATURE	DATE		

Fee: \$2,000. Make check payable to Chicago Dental Society.

We agree to keep the booth staffed during the exhibit hours of the meeting.

AMENITIES

As part of the complimentary booth space, the Chicago Dental Society will provide (mark each section):

Seating (choose one):

- Chairs (2)
- Stools (2)

Table (choose one):

- 6' long draped table: 30" tall
- 6' long draped table: 42" tall
- 8' long draped table: 30" tall
- 8' long draped table: 42" tall

- Waste basket (limit one)
- Sign – of uniform style – indicating organization's name (limit one)

NOT INCLUDED

The following are not included as part of this complimentary service. Your organization is responsible for:

- Additional furniture
- Drayage charges/storage/shipping
- Electrical service
- Internet service
- Labor charges for erecting/dismantling custom booth
- Phone service

For service order forms and a list of official Midwinter Meeting vendors, go to www.cds.org.

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

