

# TURNKEY KIOSK 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](mailto: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: \$3,200. Make check payable to Chicago Dental Society.

## AMENITIES

As part of the turnkey kiosk space, the Chicago Dental Society will provide:

- Booth Personnel badges (3)
- Listing in Midwinter Meeting publications
- Listing in Midwinter Meeting Mobile App
- Carpeted location
- Cabinet (1)
- Stool (1)
- Standard electrical service
- Waste basket (1)
- Back wall graphic or logo (due by Jan. 20, 2025)
- Monitors are available at an additional cost

## NOT INCLUDED

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

- Additional furniture
- Drayage charges/storage/shipping
- 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](http://www.cds.org).

**RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.**

