

# Scientific Exhibit Application

CDS USE ONLY:

Date received: \_\_\_\_\_

ID#: \_\_\_\_\_

**DEADLINE: AUGUST 1, 2009**

TYPE OR PRINT THIS APPLICATION. SIGN AND RETURN THE WHITE COPY TO:  
CHICAGO DENTAL SOCIETY, 401 N. MICHIGAN AVE., SUITE 200, CHICAGO, IL 60611-5585.

## EXHIBITOR INFO

*The company name will appear in all Midwinter Meeting publications and badges as shown on this form.*

Company name: \_\_\_\_\_

Division of/cross reference: \_\_\_\_\_

Address: \_\_\_\_\_

City/state and country/zip or postal code: \_\_\_\_\_

Exhibit contact person: \_\_\_\_\_

Exhibit contact phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Customer service phone: \_\_\_\_\_

E-mail (required): \_\_\_\_\_

Contact signature: \_\_\_\_\_ Date: \_\_\_\_\_

In taking a complimentary booth space, 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):*

Hardwall/Side rails:

- Need
- Do not need

Seating (limit 2):

- Chairs
- Stools

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: Freeman
- Electrical usage: McCormick Place (MPEA)
- Phone usage: McCormick Place (MPEA)
- Drayage charges/storage/shipping: Freeman
- Labor charges for erecting/dismantling of custom booth: Freeman

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



**145th Chicago Dental Society Midwinter Meeting**

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