

# Exhibit Application: Round 2

CDS USE ONLY:

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

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

## DEADLINE FOR THE SECOND ROUND OF SPACE ASSIGNMENTS: JULY 1, 2009

Applications received after July 1 will be accumulated until all the first round assignments have been made and confirmed.

Exhibitors whose applications are received after July 1 will be assigned booth space on a first-come, first-served basis as space permits.

TYPE OR PRINT THIS APPLICATION. SIGN AND RETURN THE WHITE COPY WITH APPROPRIATE DEPOSIT.

SEND APPLICATION AND DEPOSIT TO CHICAGO DENTAL SOCIETY, P.O. BOX 6500, CHICAGO, IL 60680-6500.

Booth space will not be assigned without a deposit. All deposits must be made in U.S. funds drawn on a U.S. bank.

**DEPOSIT:** \$1,000 per 10' x 10'-booth space request, \$1,000 per conference room request.

**PAYMENT:**  Check/Cashier's Check  Wire Transfer

Exhibitors who wish to pay by Visa or Mastercard must apply for exhibit space using the interactive form found online only at [www.cds.org/mwm](http://www.cds.org/mwm).

### INTERNATIONAL EXHIBITORS DEPOSIT:

All international exhibitors must pay the entire booth rental fee (in U.S. funds drawn on U.S. banks) when they submit their application.

### EXHIBITOR INFO

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

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

Exhibit contact person/title: \_\_\_\_\_

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

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

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

E-mail (required): \_\_\_\_\_ Web site address: \_\_\_\_\_

Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### COMPANY TYPE

Manufacturer  Rep  Distributor  Lab  Laser  Supplier  Precious Metals  Other: \_\_\_\_\_

### SPACE REQUESTS

Number of meeting rooms requested: \_\_\_\_\_

Number of booths requested: \_\_\_\_\_ Configuration:  Standard  Corner  Peninsula  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 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  Will forfeit corner for prime in-line booth  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 be near or next to a competitor.

### PRICING

Standard booth: .....\$3,250

Corner booth: .....\$3,750

Aisle Space: .....\$3,250

Meeting Room: .....\$3,000

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

### BALANCE DUE SEPT. 1

Make checks payable in  
U.S. funds only to  
Chicago Dental Society.



## 145th Chicago Dental Society Midwinter Meeting

Chicago Dental Society • 401 N. Michigan Ave., Suite 200 • Chicago, IL 60611 • Phone: 312.836.7327 • Fax: 312.836.7339 • [www.cds.org](http://www.cds.org)