

# EXHIBIT APPLICATION

CDS USE ONLY:  
Date: \_\_\_\_\_  
ID#: \_\_\_\_\_

## ROUND 1 DEADLINE FOR SPACE ASSIGNMENTS: MAY 31

Applications received after this date will be accumulated until all the first round assignments have been made and confirmed. Exhibitors whose applications are received after May 31 will be included in Round 2 booth assignments

TYPE OR PRINT THIS APPLICATION. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

### SIGN AND RETURN A COPY WITH APPROPRIATE DEPOSIT. SEND APPLICATION AND DEPOSIT TO:

Chicago Dental Society, P.O. Box 6500, Chicago, IL 60680-6500.

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

Standard booth: \$3,800; Corner booth: \$4,200; Aisle Space: \$3,800; Meeting Room: \$3,500

PAYMENT:  Wire Transfer  Check/Cashier's Check

### DEPOSIT

\$1,000 booth space request per 10' x 10' booth space requested; \$1,000 per 10' x 12' meeting room space requested

Booth space will not be assigned without a deposit. All deposits must be made in U.S. funds drawn on a U.S. bank. Balance due August 15.

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](http://www.cds.org). International exhibitors deposit: **All international exhibitors must pay the entire booth rental fee when they submit their application.**

First-time Exhibitor (Include company literature for review of eligibility.)

**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 Not for publication.)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 and badges as shown on this form.)

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

Exhibited previously under former company name (If applicable): \_\_\_\_\_

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

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

Customer service phone: \_\_\_\_\_ Customer service fax: \_\_\_\_\_

Customer service email: \_\_\_\_\_

Website: \_\_\_\_\_

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

Exhibitor contact person/title: \_\_\_\_\_

Address:  Same as above \_\_\_\_\_

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

Exhibitor contact phone: \_\_\_\_\_ mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Exhibitor contact email (required): \_\_\_\_\_

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

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

Continued . . .



CHICAGO DENTAL SOCIETY™  
MIDWINTER MEETING

401 N. Michigan Ave., Suite 200, Chicago, IL 60611-5585

155th MIDWINTER MEETING

FEB. 20 – 22, 2020 • [www.cds.org](http://www.cds.org)

P: 312.836.7300

F: 312.836.7329

E: [lgirardi@cds.org](mailto:lgirardi@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 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.

\_\_\_\_\_  
\_\_\_\_\_