

# 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 [Igirardi@cds.org](mailto:Igirardi@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: \$1,600.** 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):

#### Hardwall/Side rails (choose one):

- Need  
 Do not need

#### 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](http://www.cds.org).

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

