

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 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: \$2,600. 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 Feb. 1, 2023)
- 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.

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

