HANGING SIGN FORM

CDS USE ONLY:

DEADLINE: JANUARY 15

This form is required for companies that plan to use hanging signs. A fee of \$100 per 100 square feet of rented exhibit space will be charged. Exhibitors who submit this form after Jan. 15 will be charged a \$500 late fee. Freeman, the official Midwinter Meeting contractor, will install hanging materials. McCormick Place will install all electrical hanging materials. Exhibitors must submit a diagram of their hanging materials, including all dimensions.

No hanging sign requests will be accepted after Feb. 6. This offer is only for Island or Peninsula Booth designs 20' x 20' or larger. No exceptions.

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 exhibits@cds.org.

EXHIBITOR INFORMATION (TYPE OR PRINT)

COMPANY NAME	EXHIBIT CONTACT	EXHIBIT CONTACT	
ADDRESS	CITY	STATE	ZIP
EXHIBIT CONTACT PHONE	EMAIL (REQUIRED)	FAX	

YOUR REQUEST IS NOT APPROVED UNTIL YOU RECEIVE WRITTEN CONFIRMATION FROM CDS. EXHIBITORS MUST BRING WRITTEN CONFIRMATION FROM CDS ONSITE.

EXHIBITORS NOTE

If you request and are granted approval for a hanging sign, you will be required to use the official contractor — Freeman Decorating — to hang your fabric or electrical sign. In addition, the sign/materials must be shipped in advance to the Freeman warehouse.

PLEASE INCLUDE A SIGNED COPY OF THIS FORM WITH YOUR HANGING SIGN ORDER FORM TO FREEMAN DECORATING.

I have read and will abide by the terms and conditions stated on this form and in the explanation of the exhibitor rules and regulations.

SIGNATURE			TITLE	DATE		
PAYMEN	r method					
🔿 Visa	○ MasterCard	○ American Express		AMOUNT		
CARDHOLDE	ER'S NAME (PLEASE PRIN	(T)				
CARDHOLDER'S BILLING ADDRESS (ADDRESS MUST MATCH LOCATION WHERE CREDIT CARD BILL IS MAILED)			SAME AS ADDRE	SAME AS ADDRESS LISTED ABOVE		
CARD NUME	BER			EXPIRATION DATE	SECURITY CODE	
CARDHOLDE	ER'S SIGNATURE			DATE		



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