

RESERVATION FORM

Company/Organization _____

Type of Exhibit _____
(Please be specific, i.e. lab, equipment, supplies, etc.)

Address _____ City/State/Zip _____

Phone _____ Fax _____

Contact Person _____ E-mail _____

Companies you **do** wish to be near _____

Companies you **don't** wish to be near _____

Please list the names of individuals staffing your booth(s). Only persons listed at the registration desk and wearing an SDDA name badge will be allowed in the exhibit hall.

On-site Contact _____ E-mail _____

Address _____ Name _____

_____ Name _____

Phone _____ Name _____

EXHIBIT BOOTH SPACE

\$ _____ \$400 for 1st booth (\$500 after April 1, 2010)

\$ _____ \$350 for each additional booth (\$450 after April 1, 2010)

\$ _____ \$20 per extra table (1st table is complimentary)

\$ _____ \$55 for electricity per booth

\$ _____ \$50 for full page ad (free 1/2 page ad if submitted by April 1, 2010)

\$ _____ \$300 morning coffee sponsor

\$ _____ \$800 afternoon break sponsor

\$ _____ \$1,500 morning break sponsor

\$ _____ \$5,000 exhibit hall lunch sponsor

\$ _____ \$17 for each additional exhibit hall lunch ticket (first two are complimentary)

\$ _____ \$45 for each Mixer ticket

\$ _____ Total (Check enclosed ____; Bill me ____; Please use my credit card ____)

Send registration to:

SD Dental Association
PO Box 1194
Pierre, SD 57501-1194
Phone: 605-224-9133
Fax: 605-224-9168

I authorize the SD Dental Association to charge the amount shown:

VISA _____ MASTERCARD _____

Card # _____

Exp. Date _____ Amt to charge _____

Signature _____