

2018 CSDA EXHIBIT SPACE APPLICATION

INSTRUCTIONS: Please complete all sections of this contract and print as clearly as possible so we can translate the information accurately. In submitting this application, you agree that you have read, understand and will abide by all of the rules and regulations outlined in the prospectus.

BOOTH LOCATION REQUEST *(see floor plan):*

We would like to retain our 2017 booth space(s)

1st choice booth(s) # _____

2nd choice booth(s) # _____

3rd choice booth(s) # _____

If possible, do not locate our company next to or across from:

BOOTH RATES

LOCATION	RATE	QTY	SUBTOTAL
Premium/Lettered:	\$2,200	Please inquire for availability	
<input type="checkbox"/> Corner:	\$1,950 x _____	= \$ _____	
<input type="checkbox"/> Inside:	\$1,650 x _____	= \$ _____	
Total Booth Cost:			\$ _____
<input type="checkbox"/> We are paying 50% of our booth total with this application.			\$ _____
<input type="checkbox"/> We are paying in full with this application (required after 3/1/18).			\$ _____
<input type="checkbox"/> Early Bird Discount (booth space must be paid in full by 10/31/17 to be eligible.			\$ -\$100.00
Booth balance due (if applicable):			\$ _____

OPTIONAL ADD-ONS *(descriptions on page 3; payment in full is required.)*

We would like to add _____ tall chairs (\$40 each)

We would like to sign up for the Mobile App Scavenger Hunt (\$100)

Today's total payment: \$ _____

CONTACT INFORMATION

COMPANY NAME

COMPANY PRODUCTS/SERVICES

BOOTH SIGN SHOULD READ

COMPANY WEBSITE ADDRESS FOR CSDA.com

NAME/EMAIL OF PERSON COMPLETING THIS APPLICATION

EXHIBITOR KIT SHOULD BE SENT TO:

FULL NAME

MAILING ADDRESS

EMAIL ADDRESS

PHONE

METHOD OF PAYMENT

Check made payable to CSDA

MasterCard Visa American Express

CREDIT CARD NUMBER

EXPIRATION DATE

NAME ON CARD

BILLING ADDRESS

AUTHORIZED SIGNATURE

IF YOU ARE PAYING WITH A CREDIT CARD and submitting a 50% booth deposit, please let us know if you would like us to automatically charge the remaining balance:

Please charge the remaining balance on 10/31/17 so we can receive the \$100 discount.

Please charge the remaining balance on 3/1/18. *(Not discount eligible.)*

Return contract and check made payable to: Connecticut State Dental Association, 835 West Queen Street, Southington, CT 06489
Applications with a credit card payment can be faxed to: (860) 378-1807 or scanned and e-mailed to Crystal Soucy: csoucy@csda.com