

# 2019 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 2018 booth space(s)
- 1<sup>st</sup> choice booth(s) # \_\_\_\_\_
- 2<sup>nd</sup> choice booth(s) # \_\_\_\_\_

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

\_\_\_\_\_

## BOOTH RATES

LOCATION	RATE	QTY	SUBTOTAL
Premium/Lettered:	\$2,250	Please inquire for availability	

- Corner: \$2,000 x \_\_\_\_\_ = \$ \_\_\_\_\_
- Inside: \$1,700 x \_\_\_\_\_ = \$ \_\_\_\_\_

**Total Booth Cost:** \$ \_\_\_\_\_

- We are paying 50% of our booth total with this application. \$ \_\_\_\_\_
- We are paying in full with this application (required after 3/1/19). \$ \_\_\_\_\_
- Early Bird Discount (booth space must be paid in full by 10/31/18 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 an Attendee Mailing List (\$50)  
*(CSDA will contact you after 4/1/19 to discuss your preferences.)*
- Sign us up for the Mobile App Scavenger Hunt (\$100)

**Today's total payment:** \$ \_\_\_\_\_

## CONTACT INFORMATION

COMPANY NAME

COMPANY PRODUCTS/SERVICES

BOOTH SIGN SHOULD READ

COMPANY ZIP CODE

COMPANY WEBSITE ADDRESS FOR CSDA.com

NAME/EMAIL OF PERSON COMPLETING THIS APPLICATION

### EXHIBITOR KIT SHOULD BE E-MAILED TO:

FULL NAME

E-MAIL ADDRESS

PHONE

## METHOD OF PAYMENT

*New/first-time Exhibitors must pay by check*

- 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 10/31/18 so we can receive the \$100 discount.
- Please charge the remaining balance on 3/1/19. *(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