2020 CSDA EXHIBIT SPACE APPLICATION

Trade Show: Thursday, May 7th 8:30 am - 5:30 pm and Friday, May 8th from 8:30 am – 5:00 pm

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 2019 booth space(s)

1st choice booth(s) #____________________

2nd 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 3/1/20). $________

☐ Early Bird Discount (booth space must be paid in full by 10/31/19 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 4/1/20 to discuss your preferences.)

☐ Sign us up for the Mobile App Cash Dash ($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 payble to CSDA

☐ MasterCard ☐ Visa ☐ American Express

____
CREDIT CARD NUMBER

____
EXPIRATION DATE CVV CODE

____
NAME ON CARD

____
CREDIT 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 10/31/19 so we can receive the $100 discount.

☐ Please charge the remaining balance on 3/1/20. *(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 annualmeeting@csda.com