

2026 CSDA Exhibit Space Application

Trade Show:
May 14–16, 2026

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 on next page)

☐ We would like to retain our 2025 booth space(s)

1st choice booth(s) # _____

2nd choice booth(s) # _____

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

BOOTH RATES

Location	Rate	QTY	Subtotal
Premium/Lettered	\$2,350	<i>Please inquire for availability</i>	
☐ Corner:	\$2,100	x _____ = \$ _____	
☐ Inside:	\$1,800	x _____ = \$ _____	
Total Booth Cost			\$ _____

☐ We are paying 50% of our booth total with this application. \$ _____

☐ Early Bird Discount (booth space must be paid in full by 10/31/25 to be eligible). - \$100

Booth balance due (if applicable) \$ _____

Today's total payment: \$ _____

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 10/31/25 so we can receive the \$100 discount.

☐ Please charge the remaining balance on 3/01/26. (Not discount eligible)

EXHIBITING THROUGH SATURDAY, MAY 16, 2026

☐ Yes ☐ No

CONTACT INFORMATION

☐ New or ☐ Returning Company

Company name

Company products/services

Booth sign should read

Company zip code

Name/Email of person completing this application

Exhibitor Kit should be e-mailed to:

Full name

Email 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 CVV Code

Name on card

Credit card billing address

Authorized signature

Return contract and check made payable to: Connecticut State Dental Association, 835 West Queen Street, Southington, CT 06489. For applications with credit card payment, fax to 860.378.1807 or scan and email to annualmeeting@csda.com.



2026 Exhibit Hall Floor Plan

Floor plan layout subject to change. Please visit csdadentalmeeting.com for the most current version.

