

2021 CSDA Exhibit Space Application Trade Show: May 5-7, 2021

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 2020 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	\$2,250	<i>Please inquire for availability</i>	
<input type="checkbox"/> Corner:	\$2,000	x _____ = \$ _____	
<input type="checkbox"/> 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 3/01/21) \$ _____

Early Bird Discount (booth space must be paid in full by 10/31/20 to be eligible) \$ _____

Booth balance due (if applicable) \$ _____

OPTIONAL ADD-ONS

(descriptions on page 4; 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 4/01/21 to discuss your preferences)

Sign us up for the Scavenger Hunt (\$100)

Today's total payment: \$ _____

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.

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

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

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 10/31/20 so we can receive the \$100 discount.
 Please charge the remaining balance on 3/01/21.
(Not discount eligible)