

2025 CSDA Exhibit Space Application

Trade Show:
May 15–16, 2025

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 page 4)

We would like to retain our 2024 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 3/01/25) \$ _____

Early Bird Discount (booth space must be paid in full by 10/31/24 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 10/31/24 so we can receive the \$100 discount.

Please charge the remaining balance on 3/01/25. (Not discount eligible)

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

CVW 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.

