

**Holiday Dental Conference**  
**Twenty First Annual**  
**Application/Contract For Exhibit Space**  
**November 12 & 13, 2010 Meeting Dates**  
**The Blake Hotel, Charlotte, NC**

Date Rec'd Contract _____	Payment _____
Approval Code _____	Date Processed _____
Booth Assignment _____	
<i>HDC Use Only</i>	

**Company Name** \_\_\_\_\_ **Exhibit Contact** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_  
**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_  
**Email** \_\_\_\_\_ **Website** \_\_\_\_\_  
**Nature of Business** \_\_\_\_\_

**If the exhibitor service kit should be sent to a different person, please indicate:**

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_  
**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Local Representative** (serving Charlotte ) \_\_\_\_\_  
**Address** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_  
**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Booth Pricing:**       10' x 10' non-shaded    \$800.00       10' x 10' shaded    \$900.00

**Each Booth Price includes the following (please check if desired):**

- One standard electrical outlet       One 8' draped table (highrise)       One high bar stool with back

SPACE SELECTION
<b>Total # of booths requested</b> _____
<b>Booth Dimensions</b> _____
<b>Configuration:</b> <input type="checkbox"/> Non-shaded <input type="checkbox"/> Shaded
If available, these are our booth preferences. We realize the HDC may not be able to accommodate our requests.
1 <sup>st</sup> Choice _____ 2 <sup>nd</sup> Choice _____
3 <sup>rd</sup> Choice _____ 4 <sup>th</sup> Choice _____

METHOD OF PAYMENT
<b>Payment Information</b>
Deposit is 50% of the total rental cost of all booths requested.
<input type="checkbox"/> Check enclosed made payable to: Holiday Dental Conference
<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Credit Card # _____ Amt. _____
Card Sec. Code _____ Exp. Date _____
Signature _____
Print Name of Cardholder _____

We agree to abide by all provisions; rules and regulations as published within this 2010 prospectus, which the applicant agrees, are part of this contract for exhibit space.

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_  
**Email** \_\_\_\_\_ **Date** \_\_\_\_\_



**Return Application to: Holiday Dental Conference**

**Mail:** HDC Exhibits, 497 North Wendover Road, Charlotte, NC 28211

**Phone:** 704.366.8092    **Fax:** 704.364.9390    **Email:** information@holidaydentalconference.com

**ATTN:** Gwen Brower, Administrative Assistant