

Holiday Dental Conference
Twenty Second Annual
Application/Contract For Exhibit Space
November 4-5, 2011 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 – booths will be 8' x 10' \$800.00 (non-shaded) \$900.00 (shaded)

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
Total # of booths requested _____
Booth Dimensions _____
Configuration: <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 st Choice _____ 2 nd Choice _____
3 rd Choice _____ 4 th Choice _____

METHOD OF PAYMENT
Payment Information
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 2011 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