

INLAND NORTHWEST DENTAL CONFERENCE
April 18-20, 2019 ~ Northern Quest Resort
Sponsored by: Spokane District Dental Society
www.indc-spokane.com

**Application
for
Exhibit Space**

Company _____
Address _____
City/State/Zip _____
Phone _____
Fax _____
Email _____

Early bird: \$900 After February 15: \$1100
Add table for 4/20: **\$100 (100-150 Drs attend Saturday)**

Fee includes: 8'x8' booth, 8' draped table, chair, wastebasket & booth identification sign

ALL applications will be reviewed and approved/denied by our CE Committee as space is limited!
***Sponsors receive priority**

You must place a separate order with venue for electrical/Internet.

Deposit: 50% of total cost (balance due March 10)
(SDDS) Tax I.D. 91-6058413

You are authorized to reserve _____ 8' x 8' booth space(s) in the Northern Quest Resort Exhibit Hall for the use by the undersigned.

Exhibit Setup:	April 17, 2019	4:00 p. m.— 10:00 p. m.
Exhibit Hall Hours:	April 18, 2019	9:00 a. m.— 5:00 p. m.*
	April 19, 2019	9:00 a. m.— 4:00 p. m.*
Table:	April 20, 2019	8:00 a.m.— 1:00 p.m.*

*subject to change

Name(s) of booth personnel at the conference. **Must be paid employees.**

_____ Buffet Lunches for Booth Personnel on Thursday, April 18 (\$20 each)

_____ Buffet Lunches for Booth Personnel on Friday, April 19 (\$20 each)

Send Exhibitor Kit to:

Contact _____
Company _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
Email _____
Company name as you wish it to appear on exhibit sign: _____

Please indicate specific companies you do NOT wish to be next to: _____

Attendee Lunch Sponsorship Opportunities

**On-Site Lunch
Thursday, April 18**

Exclusive* \$1200 _____ Co-sponsorship** \$600 _____

**On-Site Lunch
Friday, April 19**

Exclusive* \$1200 _____ Co-sponsorship** \$600 _____

***Includes lunch for your registered booth staff & priority booth placement & marketing in attendee registrations.**

****Includes lunch for your registered booth staff & sponsorship recognition.**

UPON SIGNING WE AGREE THAT:

1. Assignment of space made by the Society shall be considered as accepted unless rejected by us within fourteen (14) days from the date of notification of space assignment.
2. Fifty percent (50%) of the charge for space must accompany this application; payment in full will be made on or before **March 10, 2019**
3. This application and all the provisions of the Terms & Conditions shall be incorporated as part of the contract if this application is accepted by the Spokane District Dental Society (SDDS). Any and all modifications to the Terms & Conditions shall be incorporated into this agreement, which shall be deemed to be made fourteen (14) days from the date of notification of space assignment, unless the applicant otherwise notifies the Society. Submission of this application does not constitute making a contract. **See Rule 7 for cancellation policy.**
4. Exhibitors selling merchandise from the floor must comply with the Washington State Department of Revenue.

Checks are payable to: Spokane District Dental Society

Check AMEX Visa Mastercard

Card # _____ Exp. Date _____

Cardholder's Name _____

Amount Submitted: _____ (Deposit) _____ (Payment in full) _____

Signed: _____

RETURN TO:

Spokane District Dental Society
23403 E Mission Ave, Suite 104
Liberty Lake, WA 99019

Telephone: 509-838-0436
Fax: 509-838-5040
Email: wendy@spokanedentalsociety.org