



26th Annual "Spring Break" Seminar in Destin, Florida
 April 27-29, 2017

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| EID USE ONLY: Date received: ___/___/___ |
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Exhibit Application & Contract for Exhibit Space

Please reserve exhibit space for our use at the above seminar for Excellence in Dentistry®. We understand that upon acceptance by Excellence in Dentistry®, this document shall become a binding contract between the exhibitor and Excellence in Dentistry®.

EXHIBIT COST: Single—\$2,500.00; Double—\$4,000.00 (Circle one)

EXHIBIT DESCRIPTION: Single—One 6' skirted table with two chairs; Double—Two 6' skirted tables with three chairs

Cancellation Policy: Cancellations must be made in writing at least 90 days prior to the seminar. No refunds for cancellations within 90 days of seminar.

Company Name: _____

Exhibit Contact Person: _____ Title: _____

Address: _____

City / State or Province / Country (if outside U.S.) / Zip Code: _____

Contact Phone: () _____ Fax: () _____

E-mail: _____

Note: The company name and contact information listed below will be used for publication in connection with the seminar.

Company Name: _____

Address: _____

City / State or Province / Country (if outside U.S.) / Zip Code: _____

Toll-Free Phone: () _____ Fax: () _____

E-mail: _____ Web Site Address: _____

Contact Signature: _____ Date: _____

COMPANY TYPE:

- Consultant Marketing Practice Management Web Site Design
 Manufacturer Rep Distributor Lab
 Laser Supplier Precious Metals Other

SPECIAL REQUESTS: Please list special requests for consideration in exhibit assignments (i.e., competition). Although we cannot guarantee that we can honor all requests, we will make every effort to accommodate you.

PAYMENT TERMS: Balance due with contract

Check Visa Mastercard Discover AmEx Expiration date: ___/___

Card number: _____ Cardholder signature: _____

Cardholder name (Please print): _____

REPRESENTATIVES: Please list the name of each representative who will be representing your company (max. 3).

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| TYPE OR PRINT THIS APPLICATION, SIGN AND RETURN WITH DEPOSIT TO: Excellence in Dentistry®, Attn: Jennifer Pickerill 3211 Grantline Road, Suite 20, New Albany, IN 47150 Application can also be emailed to Jennifer@theprofitabledentist.com or faxed to 812-949-8535 |
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