



APPLICATION/CONTRACT

May 6 - 7, 2010

SPONSOR/ADVERTISING CONTACT

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone number: (____) _____ Fax: (____) _____

email: _____

POST SHOW CONTACT (for listing in the On-Site Guide – only names listed here will appear in the Guide – one listing per booth):

Name: _____

Toll Free: (____) _____ Phone number: (____) _____ Fax: (____) _____

email: _____ web-site: _____

SIGN: The WDA provides a single line sign identifying your company which we will post above your booth. Please PRINT the name of your company as you would like it to appear on the sign:

DIRECTORY: Please indicate which category of products or services your company falls into. This will be used for booth assignment so we don't place competitors near each other whenever possible and for the listing in the Guide to Exhibits.

- | | |
|---|---|
| <input type="checkbox"/> Materials | <input type="checkbox"/> Practice Management Services |
| <input type="checkbox"/> Instruments | <input type="checkbox"/> Refining |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Financial Services |
| <input type="checkbox"/> Over-the-Counter & Pharmaceuticals | <input type="checkbox"/> Employment Services |
| <input type="checkbox"/> Dental Lab | <input type="checkbox"/> Dental Supply House |
| <input type="checkbox"/> Architect/Design/Build | <input type="checkbox"/> Accountants |
| <input type="checkbox"/> Defibrillators | <input type="checkbox"/> Implants |
| <input type="checkbox"/> Other _____ | |

DEPOSIT The WDA may decline to process this Application/Contract if it is not accompanied by a \$300 per booth deposit. Submission of this Application/Contract constitutes an enforceable agreement obligating the Exhibitor to payment of the \$300 per booth deposit, which amount shall be due and nonrefundable except in the event the WDA declines to approve the Exhibitor's Application/Contract or as outlined in the Rules and Regulations.

- Make checks payable to: Wisconsin Dental Association, and mail to: WDA, ATTN: Lani Becker, 6737 W Washington St, Suite 2360, West Allis, WI 53214.
- If paying by **VISA, MasterCard or Discover**, you may mail to the above or FAX to 414-755-4115.

VISA MasterCard Discover #: _____ Exp: _____

Amount to charge: \$_____ Zip Code where you receive your credit card statement: _____

Yes, I agree to the conditions, rules and regulations as published in this Exhibitor Prospectus, as part of this contract. Enclosed is the required deposit of **\$300 per booth** requested. Booths will not be held without receipt of this \$300 by the WDA; no exceptions. I understand that although applications are welcome at ANY time prior to the Annual Session, the WDA must receive an application and deposit by October 15, 2009 for my company to be listed in the Program Guide, mailed in December. I understand that payment in full is due on or before March 15, 2010 and that there will be no refunds after March 15, 2010. Applications completed after March 15 must be accompanied by payment in full.

Signature: _____ Date: _____