



**Dentists Who Care 15th Annual
Charity Dental Conference
Friday, August 5, & Saturday, August 6, 2011**

**Isla Grand Beach Resort, 500 South Padre Blvd.
South Padre Island, Texas 78597**

Exhibitor Space Contract

Instructions:

- The cost is \$600 per booth. This includes one six-foot table, two chairs, a tablecloth (*green in color*), and electrical hook up (*you do need to bring your own extension cord*).
- All contracts and payments are due by **Friday, July 22, 2011**
- Credit cards or checks are accepted. Please make checks payable to:
Dentists Who Care, Inc.
- Credit card information provided by mail, phone, e-mail, or fax (*we will need to know: type of card, card number, card name, and expiration date*).
Dentists Who Care
210 Remington Ave.
Edinburg, TX. 78539
(956) 318-3383 office, (956) 639-3388 cell, (956) 383-8986 fax
E-mail: dentistwhocaresmile@yahoo.com
- A copy of your contract and a confirmation will be returned to you as booth space is confirmed.

Agreement:

By execution of this agreement. Exhibitor agrees to lease space at the Dentists Who Care, Inc. 15th Annual Charity Dental Conference on South Padre Island, Texas for a term beginning on Thursday, August 4th and ending Saturday, August 6th, 2011 at 12:30 p.m. Exhibitor set up begins on Thursday, August 4, 2011 at 1:00 p.m. and ends at 5:00 p.m. Security is provided by hotel and the exhibitor hall is locked every night.

Authorized by: _____ Title: _____

Company: _____

Signature: _____ Date: _____

Dentists Who Care, Inc. Date: _____

Type of card: _____ Card No. _____

Card Name: _____ Exp. Date: _____



EXHIBITOR SPACE INFORMATION

Please Type or Print: List Company Name exactly as you wish for it to appear in printed conference material.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail: _____

List below the person who should receive all future instructions and exhibit information.

Booth Contact: _____ Title: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail: _____

List below the person (s) who will be representing your company at the conference. Please print name just as you want it to appear on name tag.

1. _____ 2. _____

Please contact: Belinda Garcia, Dentists Who Care - Executive Director for further questions.
(956) 318-3383.

Thank you in advance!