

APPLICATION CONTRACT FOR EXHIBIT SPACE

at the

Music City Dental Conference, sponsored by the Tennessee Dental Association

May 5 – 7, 2011 🎵 Nashville, Tennessee

DO NOT WRITE IN THIS SPACE

Date Received _____

Amount Received _____

Unpaid Balance _____

Paid in Full _____

Booth Assigned _____

Date _____

Tennessee Dental Association
660 Bakers Bridge Avenue, Suite 300
Franklin, Tennessee 37067
Telephone: 615/628-0208 • Fax: 615/628-0214

The TDA is authorized to reserve space in the Exhibit Area for use by the undersigned. Our preferred locations are:

(Give at least six) 1st Choice _____ 3rd Choice _____ 5th Choice _____
2nd Choice _____ 4th Choice _____ 6th Choice _____

We agree that:

1. Assignment of space made by the Association will be considered as accepted unless rejected by us within 10 days from date of receipt of notification of space assignment.
2. Payment in full will be made on or before March 15, 2011.
3. All the provisions of the official Rules and Regulations as published in the official Prospectus shall be part of this contract.
4. Exhibitor agrees that the space purchased shall constitute the sole display area to be used by said exhibitor in Nashville during the convention. This provision applies to aisle space in the exhibit hall, hotel rooms or other public service rooms not connected with the Exhibition Area. This provision will be strictly enforced.
5. Exhibitor agrees that all Hospitality Rooms be closed by 11:00 p.m., in the best interests of the exhibitor and the people being entertained.
6. Conduct of business by exhibitors: Both sales with delivery on the premises and sales for future delivery of products are permitted. The method and manner of sale shall be proper and any exhibitor shall be subject to eviction, without refund, if his/her sales procedure is objectionable.
7. No refund will be made for any cancellation

PRODUCTS TO BE SHOWN:

Please list the products you plan to exhibit and underline those that will be featured.

LOCATION OF EXHIBIT:

Please list names of companies which you do not wish to be located adjacent to.

(Please print or type your company name as it should appear in the program booklet.)

Firm Name _____

Street _____

City _____ State _____ Zip _____

Telephone (_____) _____ Email _____ Website _____

By _____ Title _____

Enclosed is our initial payment of \$ _____ (Initial payment required with contract — \$375.00 per booth nonrefundable.)

Credit Card # (MasterCard or Visa ONLY): _____

Three Digit CVV2 Code (on back of card following card #) _____ Expiration Date _____

Signature _____

Please list all representative(s) who will be attending the meeting _____

(One copy is for exhibitor's file.)