

## **APPLICATION FOR EXHIBIT SPACE**

## THE KENTUCKY MEETING

## THE KENTUCKY DENTAL ASSOCIATION

KENTUCKY INTERNATIONAL CONVENTION CENTER - LOUISVILLE MARCH 13-16, 2014

**Kentucky Dental Association** 1920 Nelson Miller Parkway Louisville, Kentucky 40223

Attn: Janet Glover		
I. You are hereby authorized to reserve space for occup to make four selections.)   ☐ Check if you	pancy in the Exhibition Area as foll prefer corner booth (if av	
CHOICE	BOOTH NU	IMBER(S)
First		
Second		
Third		
Fourth		
Note: A minimum of \$500.00 per booth space is payab	le immediately with application	
II. Please Indicate below the EXACT copy you wish to a	appear on your booth sign.	
Firm or Trade Name		
III. Name of Representatives attending meeting:	IMPORTANT: Ba	adges will be made on meeting site.
1	4	
2		
3	6	
IV. Please list below all products you plan to exhibit (un	derline products that will be featur	red).
1	4	
2	5	
3	6	
V. List below companies that you prefer not to be located.  1	4 5	,
We agree to pay The Kentucky Dental Association the booth upon application and the balance on or before Jar set forth in the official printed prospectus, a copy of whaccompanied by payment in full. No deposits will be *IMPORTANT: ONLY ONE COMPANY NAME	e rental charge stated on the official nuary 6, 2014 and to be governed nich we have received. Application refunded after January 6, 2014.	I floor plan as follows: A minimum of \$500.00 per by all terms, conditions, rules and regulations as ons received after January 6, 2014, must be
(Please Print)	Firm	
	Street Address	
	City & State	
	Telephone Number & Area Code ( )	
	E-mail Address	
	Bv	
	,	(Title)
		For office use only:
The information requested above will assist us greatly in making final booth assignments. We appreciate your cooperation in providing complete details.  Return Original White Copy - Retain Duplicate Yellow Copy		Received
		Acknowledged
		Deposit
		Space Assigned

Return Original White Copy - Retain Duplicate Yellow Copy