



Kentucky
Dental
Association

Application for Exhibit Space

The Kentucky Meeting

Galt House Hotel Louisville, KY August 22-25, 2024

Kentucky Dental Association

1920 Nelson Miller Parkway
Louisville, KY 40223-2164
ATTN: Janet Glover

I. You are hereby authorized to reserve space for occupancy in the Exhibition Area as follows: (Applicants, in their own interest, are urged to make four selections.)
 Check if you prefer corner booth (if available)

Choice	Booth Number(s)
First _____	_____
Second _____	_____
Third _____	_____
Fourth _____	_____

Note: A minimum of \$800.00 per booth space is payable immediately with application.

II. Please indicate below the EXACT copy you wish to appear on your booth sign.
Firm or Trade Name _____

III. Name of representatives attending meeting: **IMPORTANT:** Badges will be made on meeting site.

1. _____ 2. _____

Please note: Each exhibitor is allowed two (2) representatives at no charge. A fee of \$75.00 will be added for each additional representative.

Name of additional representatives attending meeting:

3. _____ 5. _____
4. _____ 6. _____

IV. Please list below all products you plan to exhibit. (Underline products that will be featured).

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

V. List below companies that you prefer not to be located near. (This information will be kept confidential.)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

We agree to pay the Kentucky Dental Association the rental charge stated on the official floor plan as follows: A minimum of \$800.00 per booth upon application and the balance on or before June 3, 2024 and to be governed by all terms, conditions, rules and regulations as set forth in the official prospectus, a copy of which we have received. **Applications received after June 3, 2024 must be accompanied by payment in full.** No deposits will be refunded after June 3, 2024. **IMPORTANT:** ONLY ONE COMPANY NAME PER BOOTH SPACE WILL BE PRINTED IN THE MEETING PROGRAM.

(Please Print) Firm _____
Street Address _____
City, State & Zip Code _____
Phone & Area Code (_____) _____
Email _____
By (Title) _____
Company Website Address (URL) _____

For Office use only:

Received: _____
Acknowledged: _____
Deposit: _____
Space Assigned: _____

The information requested above will assist us greatly in making final booth assignments.
We appreciate your cooperation in providing complete details.