



**Kentucky
Dental
Association**

APPLICATION FOR EXHIBIT SPACE
THE KENTUCKY MEETING
THE KENTUCKY DENTAL ASSOCIATION
KENTUCKY INTERNATIONAL CONVENTION CENTER - LOUISVILLE
MARCH 3-6, 2016

Kentucky Dental Association
1920 Nelson Miller Parkway
Louisville, Kentucky 40223
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 \$500.00 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. _____	4. _____
2. _____	5. _____
3. _____	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 \$500.00 per booth upon application and the balance on or before **January 8, 2016** and to be governed by all terms, conditions, rules and regulations as set forth in the official printed prospectus, a copy of which we have received. **Applications received after January 8, 2016, must be accompanied by payment in full.** No deposits will be refunded after **January 8, 2016.**

***IMPORTANT: ONLY ONE COMPANY NAME PER BOOTH SPACE WILL BE PRINTED IN THE MEETING PROGRAM.**

(Please Print)

Firm _____

Street Address _____

City & State _____

Telephone Number & Area Code () _____

E-mail Address _____

By _____

(Title)

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

Return Original Copy - Retain Duplicate Copy for Your Records

For office use only:

Received _____

Acknowledged _____

Deposit _____

Space Assigned _____