



# Application for Exhibit Space

The Kentucky Meeting Galt House Hotel Louisville, KY August 15-18, 2019

## 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 \$700.00 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 \$700.00 per booth upon application and the balance on or before June 3, 2019 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, 2019 must be accompanied by payment in full.** No deposits will be refunded after June 3, 2019. **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 (Optional) \_\_\_\_\_

**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.