

# EXHIBITOR



## PROSPECTUS

**THE CROWNE PLAZA  
HOTEL  
LOUISVILLE, KY  
AUG. 19-22**



**[KYDA.ORG/THE-KENTUCKY-MEETING.HTML](http://KYDA.ORG/THE-KENTUCKY-MEETING.HTML)**

## **Exhibit Hours**

The following is a schedule of the KDA Exhibit Hours. These hours are designed to give the attendee and exhibitor ample time to interact during the meeting.

### **Thursday, August 20, 2026**

**6:00 p.m. - 7:30 p.m.**

#### **Reception for Members**

### **Friday, August 21, 2026**

**8:30 a.m. - 5:00 p.m.**

### **Saturday, August 22, 2026**

**8:30 a.m. - 2:30 p.m.**

The exhibit hall will be available to **EXHIBITORS ONLY** for equipment assembly and general set-up from 1:00 p.m. - 5:00 p.m. on Thursday, August 20, 2026.

Servicing by Fern Expositions, the convention decorator, will be from 1:00 p.m. - 5:00 p.m., Thursday, August 20, 2026. Companies that dismantle their booth(s) before the posted show closing time without consent of show management may forfeit priority placement for the following year's show. All exhibits must be removed from the hall by 6:30 p.m., Saturday, August 22, 2026.

## **Exhibit Arrangement**

No signs or other articles shall be posted, nailed or otherwise attached to any of the pillars, walls, doors, etc., in such a manner as to deface or destroy them. No attachments can be made to the floors by nails, screws, or any other devices that would in any way damage or mar them.

## **Miscellaneous Regulations**

Gasoline, kerosene, acetylene or other flammable or explosive substances will not be permitted in the building except by written permission of the management. Exhibits will be examined for these things, but failure to do so will not relieve the exhibitor from responsibility for having introduced them into the building. Exhibits in operation must be protected so that the dripping of oil on the carpet will not occur.

## **Cancellations/Penalties for Non-payment**

All cancellations must be in writing. Cancellations received after June 1, 2026 will be assessed an \$800.00 administrative fee per booth.

## **No Refunds will be issued after July 1st**

Space not paid in full by June 1, 2026 is subject to cancellation or reassignment, without refund at the option of the Kentucky Dental Association.

## **Registration**

Each person attending will be required to register and wear a badge, which will distinguish him/her as a member, exhibitor or visitor as may be required by the Rules and Regulations of the Kentucky Dental Association.

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

Badges will be made on-site only and representatives will need to verify that they are regular employees of the company. Parties asking admission as exhibitors without these credentials will be refused.

Visiting representatives of exhibitors will be given a badge on presentation of proper credentials to the chairman of exhibits.

## **Uncontrollable Eventualities**

In the event of fire, strikes or other unavoidable circumstances rendering the building unfit for use, exhibit space contracts will not be binding.

## **Cooperation of Exhibitors Requested**

The foregoing regulations with reference to exhibits have been formulated for the best interest of exhibitors and the hearty cooperation of our patrons is requested. All points not covered are subject to settlement by the Exhibit Chairman.

## **Non-solicitation Policy**

With the exception of exhibitors operating with designated booth spaces, no attendee may solicit business on the exhibit floor or in any other Kentucky Dental Association convention space. Violation of this policy will result in immediate expulsion from the meeting.

It is agreed that exhibitors and their agents will indemnify and hold harmless the Kentucky Dental Association and its agents from all liability, which might ensue from any cause whatsoever.

### **Dental Laboratories**

In accordance with 201 KAR 8:016, all dental laboratories doing business in Kentucky are required to register with the Kentucky Board of Dentistry. The required registration fee is \$150 for each laboratory. Visit the Kentucky Board of Dentistry website at <https://dentistry.ky.gov/Dental-Laboratories/Pages/default.aspx> to register.

### **Price of Space**

This includes booth space, a stool, a sign, a free business card size ad (See ad supplement fact sheet for details), general illumination and security.

Exhibitors also have the option to include product sheets, links and other information on our Virtual Exhibit Hall page. Check it out at: <https://www.kyda.org/kda-patrons-exhibitors-sponsors>. See guidelines at <https://www.kyda.org/for-exhibitors.html>. It's free with your booth space.

### **Application for Space**

Assignment - Reservations will be taken in the order of their mailing, determined by Post Office cancellation time and date stamped on your letter of application.

### **Contract for Space**

Each exhibitor must execute a contract for the right to use the space allotted, and must forward such contract accompanied by a deposit of \$1000.00 per booth space when application is made, and must pay the balance on or before June 1, 2026. Any application received without a deposit will be returned. Applications received after June 1, 2026 must be accompanied by payment in full. No space may be sublet without the written consent of the Exhibit Chairman.

### **First-time Exhibitors**

All first-time exhibitors must meet the presented registration deadlines and present **FULL PAYMENT** in the form of a **CASHIER'S CHECK**, which must be provided by **June 1, 2026**.

No credit cards or personal checks will be accepted from first-time exhibitors.

### **Deposit for Space**

A minimum of \$1000.00 per booth space is payable immediately with application for participating exhibitors. For first-time exhibitors, payment must be made via bank check by June 1, 2026. No credit card payments will be accepted from first-time exhibitors. Make checks payable to the Kentucky Dental Association. Fees will be assessed, up to the maximum allowed by law, for checks not honored by the bank. No refunds of deposits will be made after **July 1, 2026**.

### **Care of Exhibits**

Exhibit material must be set up by 5:00 p.m., Thursday, August 20, 2026. All exhibit material should be sent with exhibitor's name and booth number to:

**Kentucky Dental Association Meeting  
Fern Expositions  
3752 Crittenden Drive  
Louisville, KY 40209**

It will be held for release to you, not to the hotel, as they cannot provide storage. Exhibitors are required to arrange displays so as not to obstruct the general view or conceal other exhibits. It is suggested that exhibitors having large or bulky exhibits select wall space. No partitions other than those provided by the Association will be permitted.

### **Removal of Exhibits**

To expedite the removal of exhibit materials, arrangements have been made with Fern Expositions for the removal of all materials by Saturday evening.

### **Booths**

The Chairman has secured booths for the exhibitors which will enhance the effectiveness, uniformity and beauty of the exhibits. A sign bearing the name of each individual exhibitor will be printed and placed above the allotted space.

### **Display Advertisement**

Advertisements not meeting with the approval of the Exhibit Chairman must, upon the request of the Chairman, be removed.

*Continued on next page*



### **Special Equipment and Alterations**

Fern Expositions is the official service provider for exhibit furnishings/services for the 2026 Kentucky Dental Association Meeting. Once the Exhibit Chairman has assigned exhibit booth spaces, Fern will send an e-mail with log-in information to their OneView Exhibitor Portal. Exhibitors needing to order additional furnishings/services will be able to order/make payment on-line. Charges for these services will be made directly to the exhibitor. Furnishings/services will also be available at show site with credit card or check payment required at the time of order.

Exhibitors may also use their own furnishings at no additional cost. If you have questions regarding these services provided by Fern Expositions, please call 800-774-1251, Ext 1.

### **Exhibitor Attendance**

All exhibitors must sign an attendance sheet attesting to the fact they are present, and must submit to a photo being taken of their booth and their present representative(s) by Kentucky Dental Association staff, an officer, or a council member, as verification of their participation.

### **Electrical Service**

Pinnacle Live, Inc. is the official provider for electrical services and audio/visual equipment at the Crowne Plaza for the 2026 Kentucky Dental Association Meeting. PDFs of their order/payment forms for these services will be available through the Fern Expositions OneView Portal. These orders and payments need to be sent directly to Pinnacle Live, Inc.

### **Security**

The Crowne Plaza Hotel will furnish security protection day and night, but will not guarantee exhibitors against loss of any kind. Nothing may be removed from the exhibit hall after 6:00 p.m. on Thursday, August 20th or after 5:00 p.m. on Friday, August 21<sup>st</sup>. The Crowne Plaza Hotel does not guarantee against any loss/stolen items.

### **Registration**

Each person attending will be required to register and wear a badge, which will distinguish him/her as a member, exhibitor, visitor, etc.

### **Correspondence**

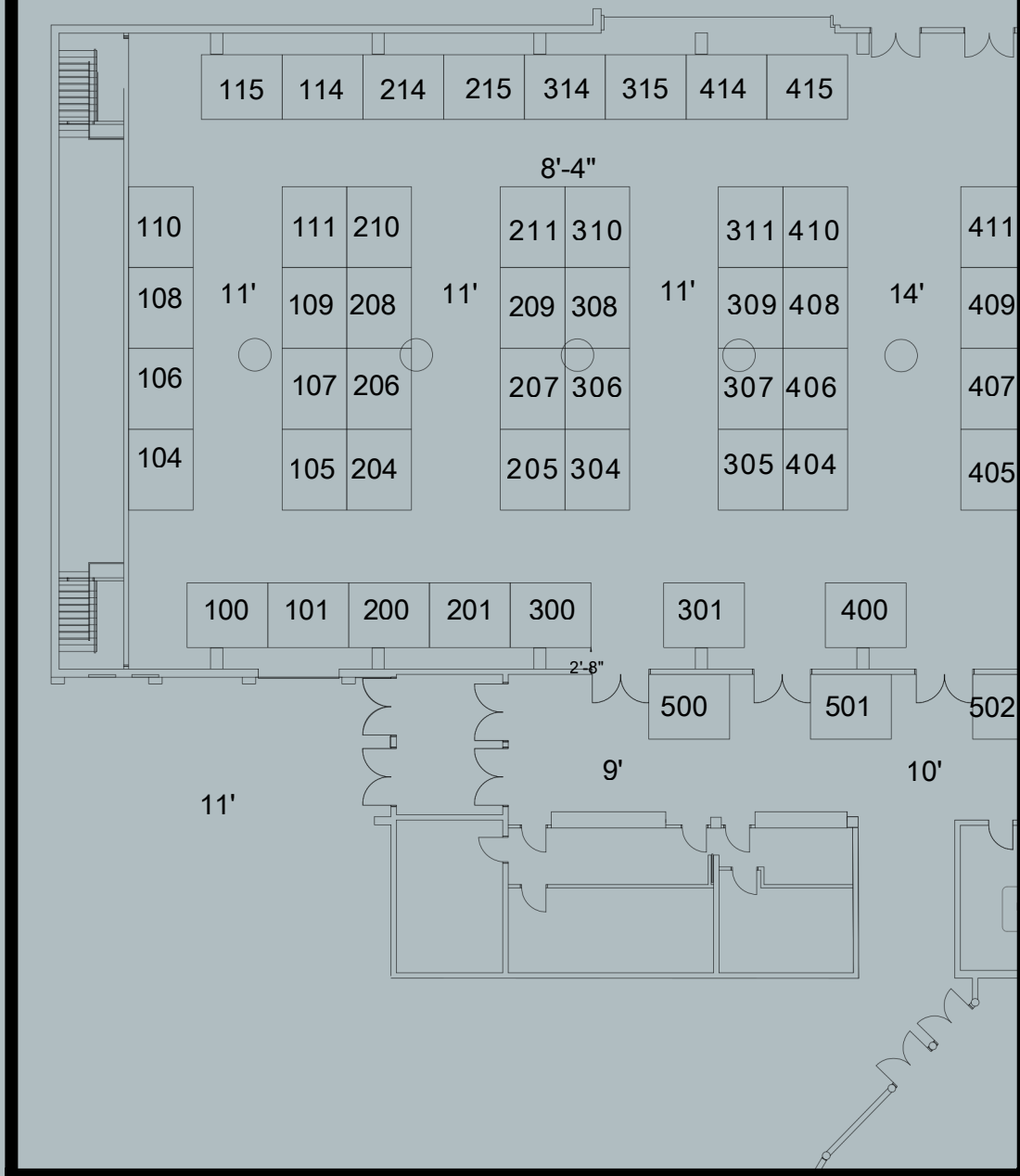
All correspondence relative to exhibits should be directed to:

**Kentucky Dental Association  
1920 Nelson Miller Parkway  
Louisville, KY 40223  
Phone: (502) 489-9121**



# Crowne Plaza Louisville

## Crowne Ballroom A



### Call for Donations

Hello Everyone!

We are very excited to see you in August 19-22, 2026 at the KDA Meeting at the Crowne Plaza Hotel in Louisville, KY!

Would your company be interested in donating a prize for our exhibit hall giveaways? We will be giving away prizes during our Reception in the Exhibit Hall on Thursday evening, Aug. 19, from 6pm – 7:30pm. Prizes can include your business related items, golf items, gift cards, etc. All companies donating prizes will be listed on signs set throughout the meeting space as well as posted on our website after the meeting. If you are interested in this opportunity, please send prize donations to:

Kentucky Dental Association  
1920 Nelson Miller Parkway  
Louisville, KY 40223

Prize donations should reach our office no later than Friday, August 7<sup>th</sup>.

Thank you in advance for your help!

# Directions to the Crowne Plaza Hotel

## From I-64 West

1. Merge onto I-264 W (Watterson Expressway) toward I-65 / Airport / Fairgrounds.
2. Take Exit 11 toward Fairgrounds / Crittenden Drive / Airport.
3. At the end of the exit, go left onto Crittenden Drive.
4. Continue to the traffic light and turn left onto Phillips Lane.
5. The hotel will be on your left.

## From I-64 East

1. Continue on I-64 E and follow signs to I-264 W / Watterson Expressway.
2. Follow the same directions as above from I-264 W (Exit 11).

## From I-71 North (from Cincinnati/NKY)

1. Follow I-71 S toward Louisville.
2. Merge onto I-265 S (Gene Snyder) around Louisville.
3. Take Exit 10A to merge onto I-65 N toward Downtown / Fairgrounds.
4. Take Exit 131B for the Kentucky Exposition Center / Fairgrounds.
5. Follow signs to the Fairgrounds, then turn left onto Phillips Lane at the light.
6. The hotel is immediately on the left.

## From I-65 North (from Bowling Green/WKY)

1. Stay on I-65 N toward Louisville.
2. Take Exit 131B (Fair/Expo Center).
3. Follow signs to the Kentucky Exposition Center / Fairgrounds.
4. At the first traffic light, turn left onto Phillips Lane.
5. The hotel will be on your left.

# Application for Exhibit Space

The Kentucky Meeting  
Crowne Plaza Hotel  
Louisville, KY August 19-22, 2026

## Kentucky Dental Association

1920 Nelson Miller Parkway  
Louisville, KY 40223-2164  
ATTN: Todd Edwards

- 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 \$1000.00 per booth space is payable immediately with application.

- 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. \_\_\_\_\_

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

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

- 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 \$1000.00 per booth upon application and the balance on or before June 1, 2026 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 1, 2026 must be accompanied by payment in full.** No deposits will be refunded after June 1, 2026. **IMPORTANT: ONLY ONE COMPANY NAME PER BOOTH SPACE WILL BE PRINTED IN THE MEETING PROGRAM.**

This contract **DOES NOT** guarantee any interaction with attendees of the meeting.

(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: \_\_\_\_\_

The information requested above will assist us greatly in making final booth assignments.

We appreciate your cooperation in providing complete details.

Deposit: \_\_\_\_\_

Space Assigned: \_\_\_\_\_

