

MIDWEST DENTAL CONFERENCE AGREEMENT/APPLICATION FOR EXHIBIT SPACE

Kansas City, MO / April 13 - 16, 2023 with Exhibit Hall Open on April 14 and 15, 2023

The exhibitor agrees that the Terms and Conditions of the Midwest Dental Conference are made a part of this contract and that said exhibitor agrees to be bound by each and all of these rules and regulations, and that the management shall have the full power to interpret, amend and enforce all rules and regulations in the best interest of the exhibition.

COMPANY INFORMATION: WILL BE PUBLISHED IN CONFERENCE GUIDE BOOK

Company Name (As it will be printed in the Conference Guide Book and Booth Sign):

Contact Person:

Address: City: State: ZIP:

Phone: Toll Free: Fax:

Email:

EXHIBITOR CONTACT: (if different than above)

Name:

Address: City: State: ZIP:

Phone:

Email:

INSURANCE:

Our host hotel now requires a Certificate of Insurance for each exhibiting company. This must be submitted by Feb. 16, 2023.

My company has insurance I will submit I need to purchase event insurance

Please submit your certificate to Audriana Thompson at brunoaj@umkc.edu. If you selected "I need to purchase event insurance," you will receive a message with a link to purchase. This will be purchased separately from your booth space.

YOUR PRODUCT OR SERVICE:

Description of Product or Service (to be published in our app):

BOOTH SELECTION:

Exhibit Hall Early Bird Pricing: (Book before Feb. 16, 2023)**

- Inline Booth: \$1,200
 Corner Booth: \$1,300

Exhibit Hall Pricing: (After Feb. 16, 2023)**

- Inline Booth: \$1,300
 Corner Booth: \$1,400

Stay and Get Paid

To offer the best experience for both the attendee and the exhibitor, **we are offering a \$100 refund if your company stays the duration of the show (4 p.m. on Saturday, April 15)**. If your company does not adhere to the show's end time, you will forfeit your \$100 refund. Refunds will be provided via check from the UMKC School of Dentistry Alumni Association. When filling out your application, please note the address you would like the check sent to.

Reserve _____ (number of) exhibit space(s)

Preferred Booth number(s):* 1st Choice _____ 2nd Choice _____ 3rd Choice _____ 4th Choice _____

Companies you prefer to be located close to:*

Companies you prefer not to be located close to:*

*All booth applications are fulfilled on a first-come, first-serve basis. We do our best to accommodate booth preferences, but **your preferred location is NOT guaranteed.**

**Pricing does not include table and chairs. See prospectus for what's included.

SPONSORSHIP AND ADVERTISING OPPORTUNITIES:

- Sponsorship: _____
- Advertisement: _____
- Donation: _____

REGISTRATION FOR EXHIBIT BOOTH REPRESENTATIVES

Midwest Dental Conference / Kansas City, MO

You will be provided with six (6) complimentary exhibitor badges per 10' X 10' booth, extra badges are \$35/person.

Dentists, dental hygienists, dental assistants or laboratory technicians may not be registered as exhibitors unless he or she is an officer of the company or a full-time (non-practicing) employee. Exhibiting companies that register a dental professional as a company representative will forfeit their rights to exhibit and will be charged the applicable registration fees for all personnel who obtain entry in violation of the rules of admission. **Any company circumventing the rules of admission will be expelled from the exhibits hall without refund and will be excluded from future invitations to exhibit.** This form MUST be signed by an authorized representative of the company as verification that the following people meet the above guidelines of exhibit personnel:

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

Please send all additional names to Audriana Thompson at brunoaj@umkc.edu

LIST THREE CATEGORY NUMBERS FROM THE CLASSIFICATION LIST ON PAGE 10 OF THE EXHIBITOR PROSPECTUS

(If not completed, your company will not appear in the Product Listing Guide.)

- 1. _____
- 2. _____
- 3. _____

PAYMENT

Booth: \$ _____ Check #: _____ MasterCard Visa Discover Amex

Donation: \$ _____ Account #: _____

Sponsorship: \$ _____ Expiration Date: _____

Advertisement: \$ _____ Card Holder Name: _____

Total: \$ _____ Card Holder Signature: _____

Return application along with check (if applicable) made payable to:

Midwest Dental Conference
UMKC Dental Alumni Association
650 E. 25th St., Room 411
Kansas City, MO 64108

Phone: (816) 235-2060
Fax: (816) 235-5892
Relay Missouri (TTY): 800-735-2966