

Scientific Exhibit Application

CDS USE ONLY:

Date received: _____

ID#: _____

DEADLINE: AUGUST 1, 2008

**TYPE OR PRINT THIS APPLICATION. SIGN AND RETURN THE WHITE COPY TO:
CHICAGO DENTAL SOCIETY, 401 N. MICHIGAN AVE., SUITE 200, CHICAGO, IL 60611-5585.**

EXHIBITOR INFO

The company name will appear in all Midwinter Meeting publications and badges as shown on this form.

Company name: _____

Division of/cross reference: _____

Address: _____

City/state and country/zip or postal code: _____

Exhibit contact person: _____

Exhibit contact phone: _____ Fax: _____ Customer service phone: _____

E-mail (required): _____

Contact signature: _____ Date: _____

In taking a complimentary booth space, we agree to keep the booth staffed during the exhibit hours of the meeting.

AMENITIES

As part of the complimentary booth space, the Chicago Dental Society will provide (mark each section):

Hardwall/Side rails:

- Need
 Do not need

Seating (limit 2):

- Chairs
 Stools

Table (choose one):

- 6' long draped table: 30" tall
 6' long draped table: 42" tall
 8' long draped table: 30" tall
 8' long draped table: 42" tall

- Waste basket (limit one)
 Sign—of uniform style—indicating organization's name (limit one)

NOT INCLUDED

The following are not included as part of this complimentary service. Your organization is responsible for:

- Additional furniture: Freeman Decorating
- Electrical usage: McCormick Place (MPEA)
- Phone usage: McCormick Place (MPEA)
- Drayage charges/storage/shipping: Freeman Decorating
- Labor charges for erecting/dismantling of custom booth: Freeman Decorating

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.



144th Chicago Dental Society Midwinter Meeting

Chicago Dental Society • 401 N. Michigan Ave., Suite 200 • Chicago, IL 60611 • Phone: (312)836-7327 • Fax: (312)836-7339 • www.cds.org