



CONFERENCE EXHIBITOR and SPONSOR RESERVATION

Reserve your exhibit space for the American Society for Dental Aesthetics 33rd Annual International Conference to be held in October 14-17, 2009 at the Westin Diplomat in Hollywood, FL. By reserving your space now, you can secure a spot for what promises to be another fabulous program. Your commitment guarantees:

- Daily breakfasts and lunches, plus Thursday night awards banquet and Saturday night Dinner/Dance
- Large 10' X 10" space with full pipe and drape, skirted table, and chairs
- Priority choice for exhibit booth space (based on order received)
- Potential to host a "Lunch and Learn" seminar during the conference (additional fee applies)
- **Sponsorship** guarantees hosting Lunch and Learn session, hands-on workshop or seminar, and sponsoring a social/dinner event. **Please contact for more details.**

In order to take full advantage of this offer, we must receive full payment on your reserved exhibit space no later than **June 15, 2009.**

TERMS OF THE CONTRACT: We (I) (hereinafter called the Exhibitor) hereby applies for space in the 2009 Exhibition of the American Society for Dental Aesthetics 33rd Annual Conference scheduled to be held in Hollywood, FL Oct.14-17, 2009. The Exhibitor understands that this becomes a valid contract when accompanied by full payment and the ASDA's acceptance of the contract. Penalty applies for cancellation. 50% refund up to 90 days prior to the meeting; no refund within 90 days. The Exhibitor understands that the assigned space will be charged at the rate of \$2495 US per standard 10'x10' booth. The Exhibitor understands further that all space must be paid for in full on or before June 15, 2009 and that all space will be assigned on a first come, first served basis. The Exhibitor hereby acknowledges receipt of and agrees to abide by the Exhibitor's Regulations and Information and to all conditions under which exhibit space at the host hotel is governed.

FIRM/COMPANY NAME: _____

CONTACT PERSON: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

SIGNED:

Please complete and sign this contract and keep a copy for your records. Mail or fax this with your total payment for booth space to:

**American Society for Dental Aesthetics
c/o Dr. Doug Lambert
6545 France Ave. So. Suite 585
Edina, MN 55435
FAX: 952-922-2628**

Check enclosed payable to ASDA Tax ID # 13-3141753

Credit Card: VISA MasterCard AMEX
Card #: _____ Exp. Date: _____
Verification # _____

Cardholder Name: _____

Cardholder
Signature _____