



2011 CONFERENCE **EXHIBITOR** RESERVATION FORM

Reserve your exhibit space for the American Society for Dental Aesthetics 35th Annual International Conference to be held in October 19-22, 2011 at the Ritz-Carlton in Amelia Island, Florida. By reserving your space now, you can secure a spot for what promises to be another fabulous program. Your commitment includes:

- Daily breakfasts and lunches, plus Thursday night awards banquet and Saturday night Dinner/Dance for up to two company representatives
- Priority choice for exhibit booth space (based on full payment of contract)
- Potential to host a “Lunch and Learn” seminar during the conference (additional fee applies).
- **Sponsorship** options include hosting Lunch and Learn session, hands-on workshop or seminar, and sponsoring a social/dinner event. **Please contact me directly for more details on Sponsorship or the Lunch and Learn programs.**

Exhibitor space rate for the 35th Annual Conference is \$2530 per booth.
We must receive full payment on your reserved exhibit space no later than **Friday May 20, 2011.**

TERMS OF THE CONTRACT: We (I) (hereinafter called the Exhibitor) hereby applies for space in the 2011 exhibition of the American Society for Dental Aesthetics 35th Annual Conference scheduled to be held in Amelia Island, FL October 19-22, 2011. 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 \$2530 US per standard 10’x10’ booth. The Exhibitor understands further that all space must be paid for in full on or before May 20, 2011 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: _____

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**

SIGNED: _____

Check enclosed payable to ASDA Tax ID # 13-3141753

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

Cardholder Name: _____

Cardholder
Signature _____