

EXHIBITOR BOOTH & SPONSORSHIP WORKSHEET

San Diego Dental Convention , June 19-20, 2020 and November 13-14, 2020

CHECK BOX FOR EVENT:

- | | | |
|--------------------------|-----------------------------|----------------------|
| <input type="checkbox"/> | SAN DIEGO DENTAL CONVENTION | June 19-20, 2020 |
| <input type="checkbox"/> | SAN DIEGO DENTAL CONVENTION | November 13-14, 2020 |

EXHIBITOR INFORMATION:

Company Name: _____ Phone: _____ Fax: _____
 Key Contact: _____ Title: _____
 Email: _____ Website: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Exhibitor 1: (Free) _____ Exhibitor 2: (Free) _____
 Exhibitor 3: (+\$50) : _____ Exhibitor 4: (+\$50): _____ Qty__ X \$50= _____

BOOTH SPACE:

Booth # Preference

1-Day _____	6'X 5' _____	or _____	\$500= _____
Standard —(2-Day) _____	7'x 6' _____	or _____	\$850= _____
Prime —(2-Day) _____	7'x 6' _____	or _____	\$950= _____

<input type="checkbox"/> Electrical	<input type="checkbox"/> Carpeting	<input type="checkbox"/> 6' Table	
<input type="checkbox"/> Wireless Internet	<input type="checkbox"/> 2 Chairs		Qty__ X \$50= _____

<input type="checkbox"/> Speaker Lounge	<input type="checkbox"/> Drink Station Sponsorship
<input type="checkbox"/> Note Taking Paper	<input type="checkbox"/> Name Badge Holder Lanyards
<input type="checkbox"/> Lunch or Breakfast	<input type="checkbox"/> Registration Bag Print Material Insert
<input type="checkbox"/> Wine and Cheese Social	<input type="checkbox"/> Slideshow on Exhibit Hall PowerPoint
<input type="checkbox"/> Attendee List No Email	<input type="checkbox"/> Supply Drive Bag Logo Sponsorship
<input type="checkbox"/> Poster Advertisement	<input type="checkbox"/> Speaker Introduction

Qty__ X \$500= _____

LECTURE OPPORTUNITY:

Lecture & Convention Sponsor _____ \$2,950=
 Lecture & Exhibit Hall Sponsor _____ \$1,950=
 Website Banner ADVERTISEMENT " 6 Month Contract @ \$100 Month " _____ \$600=

SUBTOTAL: _____ Subtotal = _____
 ADD 3% for credit card convenience fee (NO fee with check) _____ Subtotal _____ X 3% = _____

GRAND TOTAL: _____ =

PAYMENT INFORMATION:

Debit/Credit Card First Name: _____ Last: _____
 Visa _____ MasterCard _____ Amex _____ Discover _____ Check _____
 Card number: _____ Exp: _____ 4-Code: _____

It is hereby certified that myself and the company I represent have read and will abide by the terms and conditions on this form and in the Exhibitors Guide. The above guest are not dentist. Personnel listed are employees of this company.

Signature: _____ Date: _____ Time: _____

+\$50 Raffle Prize to give away to CEA Dental Members

Send Payment to: CEA Dental 4242 Summit Drive, La Mesa, CA 91941 Or Register and pay at: www.ceadental.com