

EXHIBITOR BOOTH & SPONSORSHIP WORKSHEET

San Diego Dental Convention , June 22-23, 2018 and November 10-11, 2018

CHECK BOX FOR EVENT:

☐ SAN DIEGO DENTAL CONVENTION

June 22-23, 2018

☐ SAN DIEGO DENTAL CONVENTION

November 9-10, 2018

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= _____
☐ Electrical ☐ Carpeting ☐ 6' Table
☐ Wireless Internet ☐ 2 Chairs Qty__ X \$50= _____
☐ Speaker Lounge ☐ Drink Station Sponsorship
☐ Note Taking Paper ☐ Name Badge Holder Lanyards
☐ Lunch or Breakfast ☐ Registration Bag Print Material Insert
☐ Wine and Cheese Social ☐ Slideshow on Exhibit Hall PowerPoint
☐ Attendee List No Email ☐ Supply Drive Bag Logo Sponsorship
☐ Poster Advertisement ☐ 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