



EXHIBIT SPACE CONTRACT
2011 SOUTHWEST DENTAL CONFERENCE
January 13-15, 2011



Dallas Convention Center, Dallas, TX
 Sponsored by Dallas County Dental Society

The undersigned Exhibitor has applied to the Dallas County Dental Society and the Southwest Dental Conference, hereinafter called the Association, for exhibit space at the Southwest Dental Conference at the Dallas Convention Center, Dallas, Texas, on January 13-15, 2011. All provisions of the "Official Rules and Regulations for Exhibit Booths" as published in the Exhibit Prospectus shall be a part of this contract.

THIS CONTRACT MUST BE ACCOMPANIED BY A DEPOSIT OF 50% OF THE TOTAL COST OF THE BOOTH SPACE SELECTED. FULL PAYMENT DUE ON OR BEFORE AUGUST 1, 2010. NO REFUNDS AFTER AUGUST 15, 2010. APPLICATIONS MADE AFTER AUGUST 1, 2010 MUST BE ACCOMPANIED BY PAYMENT IN FULL. IF BALANCE IS DELINQUENT AFTER AUGUST 1, 2010, BOOTH SPACE IS SUBJECT TO CANCELLATION AND RESALE WITHOUT NOTIFICATION.

NUMBER OF 10x10 BOOTHS TO BE RESERVED _____

PREFERRED BOOTH NUMBER(S): 1st choice _____ 2nd choice _____ 3rd choice _____ 4th choice _____

**All assignments are based on points earned. Points are determined by the number of years exhibiting, number of booths purchased and sponsorship.*

COMPANY _____
Complete legal name of company to be listed in on-site program and on booth signage.

CONTACT NAME _____ PHONE _____

ADDRESS _____ SUITE # _____

CITY _____ STATE _____ ZIP _____

1-800 # _____ FAX _____

E-MAIL _____ WEB SITE _____

\$ _____ representing full payment is enclosed \$ _____ representing a 50% deposit payment is enclosed

Paid by _____ Check _____ MasterCard _____ Visa _____ AMEX _____

Account # _____ - _____ - _____ - _____ Exp. Date _____

Your signature below indicates your approval for charges to your credit card account.

FEES:
In-Line Booth: \$1,050
Corner Booth: \$1,200
10% discount for 4 or more booths

By executing this application, Exhibitor agrees to all terms, conditions, and provisions of the "Official Rules and Regulations for Exhibit Booths" and agrees to hold the Dallas County Dental Society and the Southwest Dental Conference, its officers, agents and employees free and harmless of any cause of action, claim or demand which may result from the use of occupancy of the assigned space or any matter arising out of this application/contract.

PRINT NAME _____ SIGNATURE _____

COMPANIES YOU PREFER TO BE LOCATED NEXT TO _____

COMPANIES YOU PREFER **NOT** TO BE LOCATED NEXT TO _____

PRODUCTS TO BE EXHIBITED (MUST BE COMPLETE) _____

★MAKE A COPY FOR YOUR RECORDS★

RETURN CONTRACT TO:

Southwest Dental Conference
 Attn: Alyson Riccardi
 13633 Omega Rd
 Dallas, TX 75244
 (p) 972-386-5741 ext. 228
 (f) 972-233-8636

SWDC OFFICE USE ONLY	
BOOTH ASSIGNMENT _____	_____
DATE _____	_____
NOTES _____	_____