



Exhibitor Application and Contract

2011 Star of the North Meeting | April 28-30 | Saint Paul RiverCentre, MN

Date Received: _____

ID #: _____

Payment: _____

Company Information for Publication

Please identify the company information as you would like it to appear in all meeting publications.

Company Name: _____ Website: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

Exhibit Contact Information

List below the person who should receive all future instructions and exhibit booth information.

Exhibit Contact: _____ Title: _____

Address: _____ City, State, Zip: _____

Phone: _____ Ext.: _____ Fax: _____

E-mail: _____

Space Selection

- The Star of the North Meeting assigns space on a priority point system and may be unable to accommodate booth location requests
- Contract must be received on or before **October 29, 2010** to be included in the first round of space assignment
- Contracts received after October 29, 2010 will be assigned on a first-come, first-served basis

Number of spaces requested: _____

Please select three booths in different areas of the exhibit hall:

First choice: _____ Fee: \$ _____

Second choice: _____ Fee: \$ _____

Third choice: _____ Fee: \$ _____

Booth preference:

- Inside
 Peninsula
 Same as last year
 Corner
 Would take prime inside space over corner booth

Special request:

Please list any special requests for consideration in booth assignments (i.e. any specific companies you **do not** wish to be located next to).

Payment Information

- A minimum deposit of \$500 per booth space requested is required for application to be accepted
- Early Bird rates apply only to those contracts paid in full by the Priority Placement Deadline of October 29, 2010
- Balance due on booth space is payable no later than **January 28, 2011**
- Contracts received after January 28, 2011 must be accompanied by payment in full

Check enclosed made payable to:
Minnesota Dental Association

American Express
 Discover
 MasterCard
 Visa

Credit card number: _____

Amount to be charged: _____

Expiration date: _____

Cardholder's name: _____

Signature: _____

Return completed contract, ST-19 form and payment to:

Minnesota Dental Association
 Carissa Broderick, Exhibits Coordinator
 1335 Industrial Blvd., Suite 200
 Minneapolis, MN 55413
 Phone: (612) 767-8400
 Fax: (612) 767-8500 (Fax must include credit card information)

ALL CONTRACTS MUST BE SUBMITTED WITH A ST-19 FORM AND THE APPROPRIATE DEPOSIT TO BE PROCESSED

The undersigned hereby contracts for exhibit space at the 2011 Star of the North Meeting. Contract is subject to approval by the Minnesota Dental Association. Both the exhibitor and the Minnesota Dental Association agree to abide by the provisions of the Rules, Regulations and Information as published in the Prospectus. All provisions of the official Rules, Regulations, and Information are hereby incorporated herein by reference. Violations of this agreement will subject the exhibitor to the penalties outlined in the Prospectus, which may include forfeiture of booth space, booth fee, and/or seniority status in booth assignment.

Authorized Signature: _____ Date: _____