

Date Received: _____

ID #: _____

Payment: _____



EXHIBITOR APPLICATION AND CONTRACT

2010 Star of the North Meeting • April 22-24 • Saint Paul RiverCentre, MN

COMPANY INFORMATION FOR PUBLICATION

Company Name: _____ Website: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

This company provides dental benefits for its employees through a Direct Reimbursement program:* Yes No I don't know

*Exhibiting companies who offer Direct Reimbursement will receive recognition in Star of the North Meeting publications.

CONTACT INFORMATION

Exhibit Contact: _____ Title: _____

Address: _____ City, State, Zip: _____

Phone: _____ Ext.: _____ Fax: _____

Email Address: _____

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 30, 2009** to be included in the first round of space assignment
- Contracts received after October 30, 2009 will be assigned on a first-come, first-served basis

Number of spaces desired: _____

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

First choice: _____ Fee: \$ _____

Second choice: _____ Fee: \$ _____

Third choice: _____ Fee: \$ _____

Booth preference:

- Inside Peninsula Island
- Corner Would take a prime inside space over a 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 is required for application to be accepted
- Early Bird rates apply only to those contracts who have paid in full by the Priority Deadline of October 30, 2009
- Balance due on booth space is payable no later than **January 22, 2010**
- Contracts received after January 22, 2010 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: _____

Please sign this application and return with 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 ACCEPTED

The undersigned hereby contracts for exhibit space at the 2010 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: _____