



Application for Non-Profit/Professional Exhibit Space

2019 Star of the North Meeting | April 25-27 | Saint Paul RiverCentre, MN

1 Organization Information for Publication

Your organization information will appear in all meeting publications and badges EXACTLY as shown.

Organization Name: _____

Address: _____

City, State, Zip: _____ Phone Number: _____

Website: _____

2 Exhibit Application Contact Information

Please identify the person who is responsible for contracting and paying for booth space.

Application Contact: _____ Title: _____

Address: _____

City, State, Zip: _____ Phone Number: _____

E-mail address: _____

3 Exhibit Information and Payment

One exhibit space \$425 (if you need more than one booth, please contact vcap@mndental.org)

Payment in full must accompany your application.

Pay Online - **SON Booth payments**

Check enclosed made payable to "Minnesota Dental Association"

The undersigned hereby contracts for exhibit space at the 2019 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 and booth fee.

Authorized Signature

Date