

**2018 Exhibitor Registration Form**

Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reps:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MEETING SELECTION** *(Circle the date(s) for the meetings at which you wish to exhibit. Please circle those meetings for which you would like to provide a drawing prize to increase dentist traffic to your table.*

*All meetings are held at the Airtel Plaza Hotel in Van Nuys.)*

~~⁮ January 24~~ ⁮ ~~February 28~~ ⁮ March 21 ⁮ April 25

⁮

June 20 ⁮ September 26 ⁮ October 24 November 28

⁮ My company will need an electrical outlet - ***Please bring an extension cord if needed.***

**CHARGES** *($250 per table per session)*

*\*****Please note.... If you are signing up for a table the day of the meeting there will be $50.00 late Fee\****

⁮ 1-8 Full Day Sessions: @ $250/session X\_\_\_ Sessions = $\_\_\_\_\_\_\_\_(Dinner not included)⁮

Dinners *(Seating with the dentists):* @ $35 each X\_\_\_\_= $\_\_\_\_\_\_\_\_

**TOTAL REMITTED**: $\_\_\_\_\_\_\_\_\_\_\_\_

⎕⁮ Check enclosed (mail to Wendy Zaslove at the below address)

⎕⁮ Charge my Visa/MC/Discover/Amex credit card (Fax back to: 818.576-0122)

Name as it appears on the CC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CC#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3-Digit Security Code:\_\_\_\_\_\_\_ Street number of billing address:\_\_\_\_\_\_\_\_\_\_

Zip code of billing address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_