

9205 Alabama Ave., Ste B, Chatsworth, CA 91311 818.576.0116 818.576.0122 (f)

***2019 Exhibitor Opportunities***

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

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

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

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

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

**MEETING SELECTION** *(Check 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 23~~  ~~⁮ February 20~~  ~~⁮ March 20~~ ~~⁮ April 24~~

~~⁮ June 19~~ ~~⁮ September 25~~ ⁮ October 23 November 20

⁮ 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 week of the meeting there will be $50.00 late Fee\****

~~⁮~~ ***~~Season’s Pass:~~* ~~$1500~~***~~(Pre-pay six (6) full-day sessions by January 22, 2019 and receive the 7th & 8th~~*

*~~sessions FREE~~**~~- Plus one free dinner for each meeting.~~* ***~~(This is a $780 savings)~~***

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

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

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

Check enclosed (Payable to the SFVDS and mail to Wendy Zaslove at the above 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_