

**Montana Dental Association 102nd Annual Meeting
May 4-6, 2005
Red Lion Colonial Hotel—Helena, Montana**

COMPLETE ➔ FIRM NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 CONTACT NAME & TITLE: _____ PHONE: _____

↓ **COMPLETE** ↓
BOOTH PREFERENCE

Booths are assigned on a first-requested, first-served basis and will not be assigned until full payment is received.

Our choice of booth space by number is
 1st _____ 2nd _____ 3rd _____
(Please refer to the exhibit area map.)

COST OF EXHIBIT SPACE

by February 5, 2005
 Single Booth - \$525
 Sponsorship & Single Booth - \$1,025

after February 5, 2005
 Single Booth - \$600
 Sponsorship & Single Booth - \$1,100

CONVENTION DECORATORS

If you require special services for your booth, other than those listed in the *Exhibitor Prospectus*, please contact:
K & J
 PO Box 5234 - Helena, MT 59604
 406/442-3238

SPONSORSHIP

As a sponsor, your company will receive:

- * Special recognition in the registration brochure and meeting program
- * Special signs designation your company as a meeting sponsor and as an exclusive sponsor of a specific event

↓ **COMPLETE** ↓
ATTENDEES

Each booth reservation includes two representatives. There will be a \$55 fee for each additional representative.

1. _____
2. _____
3. \$55 fee _____
4. \$55 fee _____

↓ **COMPLETE** ↓
PROGRAM LISTING

List the name, address and all contact information you would like listed in the meeting program.

ABSOLUTELY UNDER NO CIRCUMSTANCES WILL YOU BE ALLOWED TO SWITCH PLACES WITH ANOTHER VENDOR WITHOUT THE VENDOR'S PERMISSION. IF THIS OCCURS, YOU WILL BE IMMEDIATELY ASKED TO LEAVE.

↓ **COMPLETE** ↓
AGREEMENT

We hereby apply, subject to the terms of your Exhibitor Prospectus, for exhibit space for our occupancy at the Montana Dental Association Annual Meeting to be held May 4-6, 2005. As exhibitor, we agree to assume and to pay all shipping and drayage charges in connection with our exhibit. We agree to indemnify and hold harmless the Montana Dental Association and the management of the Red Lion Colonial Hotel from all liability, which might ensue for any cause whatsoever, in connection with our exhibit.

SIGN HERE ➔ Signature _____ Title _____ Date _____

↓ **COMPLETE** ↓
COMPETITORS

Indicate the names of any competitors whom you prefer not to be located by.
Be specific - it is your responsibility to list all companies.

↓ **COMPLETE** ↓
ADDITIONAL CORRESPONDENCE

List the name and address of any other individual who should receive information.

RETURN YOUR PAYMENT ALONG WITH THIS FORM TO:

Montana Dental Association
 PO Box 1154
 Helena MT 59624
 Phone: 406/443-2061
 Fax: 406/443-1546

↓ **COMPLETE** ↓
DOOR PRIZE

Yes, we will donate a door prize.

No, we will not donate a door prize.

↓ **COMPLETE** ↓
YOUR FULL PAYMENT MUST ACCOMPANY THIS APPLICATION

This order will be binding upon receipt of the confirmation. The fee submitted with this application will be refunded only under the terms listed in the Exhibitor Prospectus.

Charge my: MasterCard VISA Amount \$ _____
 Card # _____ Exp. Date _____