



Wyoming Dental Association
June 25-26, 2010

(307)237-1186
 wyodental@gmail.com

94th Annual Convention - Jackson Hole, Wyoming
CONTRACT FOR EXHIBIT SPACE

www.wyda.org

Company : _____

Type of Exhibit _____

(Please be specific)

Address: _____ City/ST/ZIP _____

Phone: _____ Fax _____

Contact Person _____ Email _____

Companies you **do** wish to be near: _____

Companies you **don't** wish to be near _____

Please list the names of individuals staffing your booth(s). **Only persons listed will have name badges made** and be allowed in the exhibit hall.

Booth Attendee Names:

SPONSORSHIP OPPORTUNITIES - A Great Way to Support the WDA

- | | |
|-----------------------------------------------------|-----------------------------------------------------|
| _____ \$150 Friday Morning Coffee | _____ \$250 - \$1,000 Friday Lunch |
| _____ \$150 Saturday Morning Coffee | _____ \$250 - \$1,000 Saturday Lunch |
| _____ \$150 Friday Afternoon Break | _____ \$250 - \$500 Friday Breakfast |
| _____ \$150 Saturday Afternoon Break | _____ \$250 - \$500 Saturday Breakfast |
| _____ \$150 Door Prize for Drawing | _____ \$250 - \$1,000 Continuing Education Sponsor* |
| _____ Any amount/your choice of sponsorship | |
| _____ We will donate an item for the silent auction | *Saturday - Mary Beth Dunn: Pediatric Dentistry |
| _____ We will donate an item for a door prize | |

***As a sponsor, your company will receive special recognition in the convention program and at specific events!**

- | | | |
|----------|----------------------------------------------------|-----------------------------------------|
| \$ _____ | \$600 Single booth | |
| \$ _____ | \$900 Double Booth | |
| \$ _____ | \$200 Full page ad in convention book | *(Please include ad with form - 5 x 8") |
| \$ _____ | \$125 Half page ad in convention book | *(Please include ad with form - 5 x 4") |
| \$ _____ | \$55 Friday Night Dinner (first one complimentary) | # attending _____ |
| \$ _____ | \$30 Friday Lunch (first one complimentary) | # attending _____ |
| \$ _____ | \$30 Saturday Lunch | # attending _____ |
| \$ _____ | Sponsorship Opportunities (from list above) | |
| \$ _____ | TOTAL | |

Send this form and copy of advertisement
 along with your payment to:

Wyoming Dental Association
259 S. Center St., Ste. 201
Casper, WY 82601

I authorize the Wyoming Dental Association
 to charge the amount shown.

VISA ___ MC ___ Disc. ___ Amount _____
 Card # _____
 Exp. Date _____ 3 digit security code _____
 Signature _____

Booths are assigned on a first requested, first serve basis. A 100% payment of total cost of space must accompany all applications for booths. As exhibitor, we agree to indemnify and hold harmless the Wyoming Dental Association and the management of the SnowKing Resort from all liability, which might ensue for any cause whatsoever, in connection with our exhibit.

SIGN HERE: Signature _____ Title _____ Date _____
