



Wyoming Dental Association

June 23-25, 2011

Phone & Fax: **(307)237-1186**

wyodental@gmail.com

95th 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. 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 - Real World Endo presents "The Endo-Restorative Continuum"
_____ We will donate an item for a door prize	*Friday - American Heart Association CPR

Please note: 1 complimentary lunch & 1 complimentary dinner ticket will be placed at each booth. All other booth attendees are welcome to attend the lunch & dinner for prices listed below.

- \$ _____ \$600 Single Booth
- \$ _____ \$900 Double Booth
- \$ _____ Sponsorship Opportunities (from list above)
- \$ _____ \$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")
- \$ _____ \$40 Friday Night Dinner (One Complimentary Ticket will be at your Booth) # attending _____
- \$ _____ \$25 Friday Lunch (One Complimentary Ticket will be at your Booth) # attending _____
- \$ _____ \$160 Golf at Teton Pines Country Club - Thursday 12noon
- \$ _____ **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. **Please Print Clearly!**

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 _____