



2015 CONFERENCE RESERVATION FORM

LUNCH AND LEARN SEMINAR

Take advantage of a special opportunity by hosting a Lunch and Learn seminar during the American Society for Dental Aesthetics 38th Annual International Conference to be held October 14-17, 2015 at the Beverly Hilton in Beverly Hills, CA. Reserve by May 1, 2015 to secure a spot for the most popular education tool in dentistry!

- Hosting a Lunch and Learn during the conference offers a unique one-on-one education opportunity unlike any other!
- Reserve a table for up to 10 participants during the noon luncheons.
- Promotion of your company, products or service
- 2015 rate will be at \$975 per table per session.
- Requires a completed and paid exhibitor contract for the 2014 conference.

SELECT: () **Thursday Oct. 15th** () **Saturday Oct. 17th**

TERMS OF THE CONTRACT: We (I) hereby apply for a Lunch and Learn seminar at the 2015 American Society for Dental Aesthetics 39th Annual Conference scheduled to be held Beverly Hills, CA October 14-17, 2015. The Exhibitor understands that this becomes a valid contract when accompanied by full payment and the ASDA's acceptance of the contract. Penalty applies for cancellation. 50% refund up to 90 days prior to the meeting; no refund within 90 days. The Exhibitor understands that the assigned space will be charged at the rate of \$975 per table with a maximum of ten (10) participants per table. The Exhibitor understands payment must be made in full on or before May 1, 2015 and that all Lunch and Learn tables will be assigned on a first come, first served basis. The Exhibitor hereby acknowledges receipt of and agrees to abide by the Exhibitor's Regulations and Information and to all conditions under which exhibit space at the host hotel is governed.

FIRM/COMPANY NAME: _____

CONTACT PERSON: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

Please complete and sign this contract and keep a copy for your records. Email, mail or fax this with your total payment for booth space to:

American Society for Dental Aesthetics
c/o Dr. Doug Lambert
6545 France Ave. So. Suite 585
Edina, MN 55435
FAX: 952-922-2628
Email: ddssmile@aol.com

SIGNED:

Check enclosed payable to ASDA Tax ID # 13-3141753

Credit Card: VISA MasterCard AMEX
 Card #: _____ Exp. Date: _____
 Verification # _____

Cardholder Name: _____

Cardholder
 Signature _____