



2015 CONFERENCE RESERVATION FORM GOLD SPONSOR



Come mix and mingle with the stars! Be a part of the **“Red Carpet”** experience by becoming a **Sponsor** for the American Society for Dental Aesthetics 39th Annual International Conference to be held in October 14-17, 2015. Reserve by May 1, 2015 so you can secure a spot for what promises to be an unforgettable venue and meeting. Your commitment includes:

- **“Preferred” Sponsorship exhibit space**
- **Co-sponsorship of a social event**
- **Breakfasts and lunches each day for two company representatives**
- **Two tickets to the Thursday night Awards banquet**
- **Two tickets to the Saturday night Dinner Dance**
- **Host a Lunch & Learn seminar over one of the noon luncheons (a \$975 value) – complimentary as a Gold Sponsor**

TERMS OF THE CONTRACT: We (I) (hereinafter called the Sponsor) hereby applies for space in the 2015 Conference of the American Society for Dental Aesthetics 39th Annual Conference scheduled to be held in 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 \$5000 per exhibit space. The Exhibitor understands payment must be paid for in full on or before May 1, 2015 and that all space 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
Email: ddssmile@aol.com
FAX: 952-922-2628

SIGNED:

Check enclosed payable to ASDA Tax ID # 13-3141753

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

Cardholder Name: _____

Cardholder
 Signature _____