



# 2019 CONFERENCE RESERVATION FORM **EXHIBITOR**



Come join us at the magnificent JW Marriott Camelback Resort in Scottsdale, AZ! Be a part of the American Society for Dental Aesthetics' 43<sup>rd</sup> Annual International Conference to be held in October 23-26, 2019. Reserve by July 1, 2019 so you can secure a spot for what promises to be an amazing program. Your commitment includes:

- **ASDA exhibitor space (\$2950 per booth space)**
- **Breakfasts and lunches each day for one company representative**
- **One ticket to the Thursday night Awards banquet**
- **One ticket to the Saturday night Celebration Dinner**
- **Opportunity to host a Lunch & Learn seminar over the Thursday noon luncheon (additional fee of \$975 applies)**

**TERMS OF THE CONTRACT:** We (I) (hereinafter called the Exhibitor) hereby applies for space in the 2019 conference of the American Society for Dental Aesthetics 43<sup>rd</sup> Annual Conference scheduled to be held in Scottsdale, AZ October 23-26, 2019. 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 \$2950 per exhibit space. The Exhibitor understands payment must be paid for in full on or before July 1, 2019 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](mailto: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 \_\_\_\_\_