

THE ACADEMY OF BIOMIMETIC DENTISTRY

% Saul Pressner

112 E. 71st Street
New York, NY 10021

6th Annual Conference

Omni Dallas Hotel Park West
1590 Lyndon B Johnson Fwy.
Dallas, TX 75234

Friday April 12th and Saturday April 13th, 2019

Company Name: _____

On a separate sheet of paper, please submit in writing (100 words or less), a brief description of your company and its products/devices/services.

Payment by: _____ check in the amount of \$_____ payable to The Academy of Biomimetic Dentistry.
Total amount from worksheet below.

V/MC/AMEX/DISC # _____ Exp Date: _____

Name as it appears on card: _____

Authorized Signature: _____ Date: _____

Reservations are on a first come, first served basis and subject to approval. The ABD reserves the right to decline any Exhibitor reservation request. If your reservation is accepted, this document becomes a contract between you and The ABD. Exhibit spaces are limited. Spaces are assigned by the ABD Exhibitor liaison. Please include on your application worksheet any special requests or if you will have a large display. Fees are payable by check or credit card at the time this application is submitted. Exhibitor agrees to follow any and all rules and regulations imposed by the conference facility and to comply with any local or state laws of the conference site as it pertains to the product, service or device being exhibited. Additional information will be provided you upon the acceptance of your reservation including details on shipping, hotel reservations, etc.

Please refer to the ABD Exhibitor Policy for more detailed instructions.

Acceptance of a company for exhibition does not constitute endorsement by The ABD or its Exhibit Committee. Please refer to the ABD Position Paper on Commercial Exhibitors.

Cancellation/Refund Policy: Cancellations made 60 days prior to the conference will receive an 85% refund of monies paid. Cancellations made 59-15 days prior to the conference will receive an 70% refund of monies paid. Cancellations made 14 days or less prior to the conference, or exhibitor no-shows will receive no refund of monies paid.

Authorized Company Representative Signature

Date



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ESTABLISHED EXHIBITOR - RESERVATION REQUEST

Please print all information clearly			
Company Name			
Attention Of			
Address			
City, State, Zip			
Telephone/FAX #s	/		
Exhibit Manager			
Telephone			
Email			
Type of Exhibit <i>Please check one</i>	Table Top _____	Free Standing Floor Unit _____	Large Background Display _____

Are you exhibiting any new products or services not previously shown at an ABD Conference? ___ No ___ Yes

If yes, please elaborate below:



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Fee Worksheet

	Fee/each	Enter Your Fee:
Number of spaces requested (2 persons per table)	\$1,500 each	\$ _____
Staff 1 (Name) _____	Included	
Staff 2 (Name) _____	Included	
Staff 3 (Name) _____	\$250.00	\$ _____
Staff 4 (Name) _____	\$250.00	\$ _____
Do you want to sponsor:		
1. Breakfast Sponsor	\$3,000	\$ _____
2. Lunch Sponsor	\$3,000	\$ _____
3. Beverage Sponsor	\$2,500	\$ _____
4. A/V Sponsor	\$2,500	\$ _____
Do you need an additional table? \$750	Yes _____ No _____	\$ _____
Do you require extension cord & Power Strip? \$20/day	Yes _____ No _____	\$ _____
Do you require Internet Service? \$20/day	Yes _____ No _____	\$ _____
Total for all options selected:	Enter this amount on Page 1.	\$ _____