ACADEMY of GENERAL DENTISTRY

AGD2020
THE PREMIER MEETING FOR GENERAL DENTISTRY

EXHIBIT SPACE APPLICATION AND CONTRACT

Caesars Palace: Las Vegas
Scientific Session: July 15-18, Event Dates: July 16-18, 2020

Exhibits Contact Information

Bill Spilman, Advertising, Exhibits and Sponsorship Sales
560 W. Lake St., Sixth Floor
Chicago, IL 60661-6600

exhibits@agd.org
p. 312.440.4355

Rental Fees

10'x10' in line: $2900
10'x10' corner: $3400
10' x 20' In line: $5800
10' x 20' Corner and In line: $6300

Contact *exhibits@agd.org* for additional sizes.

Booth Assignments

Booths will be assigned first come, first served, based upon date application is received. However, no booth space will be assigned without full payment for the booth space reserved.

Payment Schedule and Cancellation Policies

In order to receive a space assignment, exhibitors must include a check or credit card information with their application.

All cancellations must be made in writing.
Booths canceled before Jan. 1, 2020, are subject to a $250 cancellation fee.
Cancellations received between Jan. 1 and April 6, 2020, are eligible for a 50 percent refund of the total booth cost.
Cancellations received after April 6, 2020, are not eligible to receive a refund.

Exhibiting Company Information

(To be published in all AGD materials)

Company

Address

City | State/province | ZIP/postal code

Website | Phone number

Key Contact Information

(For internal use only)

Name (key exhibit contact) | Title

Company

Address

City | State/province | ZIP/postal code

Email | Phone number

Non-endorsement

Exhibiting at AGD scientific session does not constitute endorsement by the AGD of the products or services so exhibited.

AGD Approval
If this application and contract is accepted by AGD, it shall constitute a contract between the Exhibitor identified above and the AGD. All Rules and Regulations as outlined in this Application and Contract, by Caesars Palace,and established by AGD for governing exhibitors are accepted upon signature by the Exhibitor (regardless of format or method of signature) and made part of this Application and Contract (www.agd2020.org). Exhibitor certifies that all information provided to AGD regarding its products and services is accurate and truthful and that if such information is determined by AGD not to be the same both at the time of this Application and Contract and at any time thereafter, AGD may terminate this Application and Contract immediately and without refund of any fees paid by Exhibitor.

AGD reserves the right to exclude any exhibitor whose products or services are deemed by AGD to be not in keeping with the character of the event. No skin care, cosmetics or TENS machine provider companies are permitted to exhibit. All exhibitors must have a company website.

I certify that I am authorized to sign this agreement on behalf of the exhibiting company.

Signature required | Date

Sponsorship/Advertising

Interested in sponsorship: ❑ Yes ❑ No Interested in advertising: ❑ Yes ❑ No

Booth Preference

10' x 10' In line_____

10' x 10' Corner _____

10' x 20' In line_____

10' x 20' Corner and In line_____

Booth Location Preference

Position our exhibit booth **far from** (companies):

Position our exhibit booth **close to** (companies):

Payment

Full Booth Rental Fee: $ _____

Submit application to:
Bill Spilman
Academy of General Dentistry
560 W. Lake St., Sixth Floor
Chicago, IL 60661-6600
exhibits@agd.org
312.440.4355

Company Description

Please provide a description of your company's products and services. 35-word maximum:

AGD has the right to edit this text as necessary.