

EXHIBIT SPACE APPLICATION AND CONTRACT

Caesars Palace: Las Vegas

Scientific Session: July 15-18, Exhibit Hall 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' x 10' In line: \$2900
10' x 10' Corner: \$3400
10' x 20' In line: \$5800
10' x 20' Corner and In line: \$6300

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

Booth Assignments

Booths will be assigned on a first come, first served basis, 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

You can submit the application with a check payable to AGD for the full booth amount. Or, we will call you upon receipt of the application to obtain your credit card billing information.

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

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's scientific session does not constitute endorsement by 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 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.agd.org/agd-meetings/exhibitors).

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 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 not be 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 _____

Booth Preference (please check one)

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 reserves the right to edit this text as necessary.