

California Academy of General Dentistry
2017 Fall Meeting October 28, 2017
Application for Sponsorship/Exhibit Space
The Duke Hotel Newport Beach



As an exhibitor of the California Academy of General Dentistry's 2017 Fall Meeting, there are different levels of participation you can choose from. We appreciate your participation and will work with you to have a positive and productive experience. As an exhibitor at the CAGD Fall Meeting, you will have the opportunity to discuss and demonstrate your product one on one to dentists interested in latest techniques and products to further their careers and build their practices.

Name of Person Completing Form: _____

Company Name: _____
(As you would like it to appear on printed materials)

Full Legal Company Name: _____

Mailing Address: _____

City: _____ State: _____

Zip: _____ Email Address: _____

Phone: _____ Fax: _____

Name(s) of Representative(s) _____

Participation Levels

___ days @ Premium \$2,000: 2 exhibit tables, literature package at every seat, name on meeting program, attendee name list, advertising/company logo on screen within loop slide roll and on website for one month leading up to meeting. **(If signed contract and payment are received prior to printing.)** Choice of sponsorship recognition.

___ days @ Complete \$1,500: 1 exhibit table, attendee name list, name on meeting program and advertising/company logo on screen within loop slide roll **(If signed contract and payment are received prior to printing.)**

___ days @ Basic \$950: 1 exhibit table, name on meeting program and company logo on screen within loop slide roll. **(If signed contract and payment are received prior to printing.)**

Please contact Terri Iwamoto-Wong at (877) 408-0738 (terri@cagd.com) if you have any questions.

Application and final payment must be received by September 25, 2017.

Please send graphic artwork of logo to michelle@chaseav.com by September 10, 2017.

Exhibitor Payment Form

Card Type:

MasterCard Visa American Express

Card Number:

Name of Cardholder: _____

Card Number: _____

Exp. Date: _____ Security Code* _____

*The Security Code is a 3 digit number on the back or 4 digit number on the front of your card.

Card Billing Address:

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

You may fax this form to the CAGD main office at (916) 228-4494 Attn: Terri Iwamoto-Wong, or you can email a PDF version to terri@cagd.com. If mailing a check for payment send to:

**California Academy of General Dentistry
P.O. Box 22417
Sacramento, CA 95822
Attn: Terri Iwamoto-Wong**