

Saint Paul District Dental Society

APPLICATION TO EXHIBIT

SPDDS Midwinter Meeting | Friday, January 13, 2023 Inwood Oaks | Oakdale, Minnesota

IIIWO	ou Oaks Oakuaie, Minnesota
Company/Organization Name (to be displayed	d)
Name of person completing contract	Title
Telephone Fax	Email
SPDDS will mail program & final letter to:	Name
1 0	Address
	City, State, Zip
Name(s) of representatives at exhibitor booth	(Please print clearly) - LIMIT 3
Booth assignments will be made based on Companies are asked to submit registration	•
Our company will Exhibit (\$450)	Exhibit fee \$
We need an electrical outlet (\$0)	TOTAL DUE \$
Our company would like to donate the	he following door prize
_	table and your company name attached to the front of the table. n): Choice #1 Choice #2 Choice #3
mail to SPDDS office at 1335 Industrial Blvd NE	rm: www.mndental.org/spdds-midwinter-vendor-registration
	oitor set-up begins at 6:30 a.m.~
PLEASE SIGN THIS A	PPLICATION AND RETURN TO THE SPDDS OFFICE
By signing this application, you agree to abid Keep a copy of this application for your recor	e by the <u>2023 Midwinter Meeting Contract Rules & Regulations</u> . rds.
Signature	Date

SPDDS Refund Policy – Refunds will be made if canceled before 12/16/2022. A \$75 cancellation fee applies. No refunds will be accepted after 12/16/2022.