

APPLICATION TO EXHIBIT

**SPDDS Midwinter Meeting | Friday, January 12, 2024
Inwood Oaks | Oakdale, Minnesota**

Company/Organization Name (to be displayed) _____
Name of person completing contract _____ Title _____
Telephone _____ Fax _____ Email _____

SPDDS will mail program & final letter to: Name _____
Address _____
City, State, Zip _____

Name(s) of representatives at exhibitor booth (Please print clearly) - **LIMIT 2**

**Booth assignments will be made based on the order in which they are received.
Companies are asked to submit registration materials by December 22, 2023.**

_____ Our company will Exhibit (\$475) Exhibit fee \$ _____
_____ We need an electrical outlet (\$0) **TOTAL DUE \$** _____
_____ Our company would like to donate the following door prize _____

Exhibit space will include one six-foot skirted table and your company name attached to the front of the table.
Table number preferences (Refer to [Floor Plan](#)): **Choice #1** _____ **Choice #2** _____ **Choice #3** _____

To pay by check- Complete & sign application(s), include check made payable to: Saint Paul District Dental Society and mail to SPDDS office at 1335 Industrial Blvd NE Ste 200, Minneapolis, MN 55413.

To pay by credit card- Complete the online form: www.mndental.org/spdds-midwinter-vendor-registration
Questions? Contact Whitney at (612) 767-4252/ dentalsociety@spdds.org

~Exhibitor set-up begins at 6:30 a.m.~

PLEASE SIGN THIS APPLICATION AND RETURN TO THE SPDDS OFFICE

By signing this application, you agree to abide by the [2024 Midwinter Meeting Contract Rules & Regulations](#).
Keep a copy of this application for your records.

Signature _____ **Date** _____

SPDDS Refund Policy - Refunds will be made if canceled before 12/15/2023. A \$75 cancellation fee applies. No refunds after 12/15/2023.