

## Saint Paul District Dental Society

## **APPLICATION TO EXHIBIT**

## SPDDS Midwinter Meeting | Friday, January 10, 2025 Inwood Oaks | Oakdale, Minnesota

Name of person completing	contract		itle	
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) - <b>LIMIT 2</b>		
9		the order in which they are rec		
Companies are asked to si	ubmit registratio	n materials by <u>December 20, 2</u>	<u>024.</u>	
Our company will	Exhibit (\$475)			
We need an electrical outlet (\$0)				
Our company wou	ld like to donate t	he following door prize		
•		table and your company name a		
Table number preferences (	(Refer to <u>Floor Pla</u>	<u>n</u> ): Choice #1 Ch	oice #2(	Choice #3
Our company woul	d like to sponsor	the Midwinter Meeting.		
Prize Drawing Spons	-	vg-		
Beverage Station Spo	` ,			
Snack Break Sponso				
Breakfast Sponsor (\$				
Lunch Sponsor (\$3,5				
	-			
				ee:
		Sponsorsh	iip Fee (if applicab	-
			TOTAL D	UE:

**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/ <a href="mailto:dentalsociety@spdds.org">dentalsociety@spdds.org</a>

## PLEASE SIGN THIS APPLICATION AND RETURN TO THE SPDDS OFFICE

By signing this application, you agree to abide by the $\underline{20}$ Keep a copy of this application for your records.	025 Midwinter Meeting Contract Rules & Regulations.
Signature	Date
SPDDS Refund Policy – Refunds will be made if cand applies. No refunds after 12/20/2024.	celed before 12/20/2024. A \$75 cancellation fee