

Saint Paul District Dental Society

APPLICATION TO EXHIBIT

SPDDS Midwinter Meeting | Friday, January 9, 2026 Inwood Oaks | Oakdale, Minnesota

Company/Organization Nan Name of person completing	contract		Title	
Telephone	Fax		_Email	
SPDDS will mail program &	final letter to:	Name		
Name(s) of representatives	at exhibitor booth	(Please print clearly)	- LIMIT 2	
Booth assignments will be				
Companies are asked to su	ıbmit registratio	n materials by <u>Decer</u>	nber 19, 2025.	
Our company will I	Exhibit (\$475)			
We need an electrical outlet (\$0)				
Our company woul	ld like to donate th	ne following door prize		
Exhibit space will include or	ne six-foot skirted	table and your compa	ny name attached to th	ne front of the table
Table number preferences (Refer to Floor Plan	<u>n</u>): Choice #1 _	Choice #2	Choice #3
Our company woul	d like to spensor	the Midwinter Moeti	ng. Sponsorship inclu	dos a tablo!
Prize Drawing Spons	-	the mawinter meeti	ng. Sponsorsinp meru	ues a table:
Beverage Station Spo	` ,			
Snack Break Sponso				
Breakfast Sponsor (\$	• •			
Lunch Sponsor (\$3,5	-			
	, , , , , , , , , , , , , , , , , , , ,			
			Exhibit Fee (if ap	plicable):
			Sponsorship Fee (if ap	plicable):
			TO 7	ΓAL DUE:

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

PLEASE SIGN THIS APPLICATION AND RETURN TO THE SPDDS OFFICE

By signing this application, you agree to abide by the $\underline{2026}$ M	Midwinter Meeting Contract Rules &
Regulations. Keep a copy of this application for your record	ls.
Signature	Date
	Butte

SPDDS Refund Policy – Refunds will be made if canceled before 12/19/2025. A \$75 cancellation fee applies. No refunds after 12/19/2025.