



Get Together. Learn Together. Practice Better.

CONFERENCE: MAY 3-5 EXHIBITS: MAY 3-4

LOCATION: CORALVILLE MARRIOTT HOTEL & CONFERENCE CENTER • IOWA

EXHIBIT & SPONSORSHIP APPLICATION

The company name will appear in all IDA marketing pieces as shown below:

Company Name: _____

Address: _____

City _____ State _____ ZIP _____

Customer Service Phone: _____

Customer Service Email: _____

Website: _____

Product/Service: ___Laboratory ___Dental Supplies ___Drugs ___Toothbrushes ___Insurance ___Instruments ___Equipment

Other _____

Primary Contact Name: _____

Title: _____ Email: _____ Phone: _____

If available, these are our booth preferences, realizing that IDA may not be able to accommodate selections:

1: _____ 2: _____ 3: _____

If possible, please do not place our booth next to the following companies: _____

BOOTH RESERVATION:

INLINE BOOTH: \$1,300 X Number of booths: _____ = \$ _____

CORNER BOOTH: \$1,500 X Number of booths: _____ = \$ _____

SPONSORSHIP:

o Sponsorship items: _____

DIGITAL ADVERTISING: Weekly E-News Brief: Total sponsorship due: \$ _____

\$500 X number of briefs: _____ = \$ _____

METHOD OF PAYMENT:

TOTAL COST \$ _____

Check: (made payable to IDA) _____

Credit Card: ___MasterCard ___Visa ___AMEX

Card Number: _____ Exp. Date: _____ CVV: _____

Cardholder Name: _____

Billing Address: _____

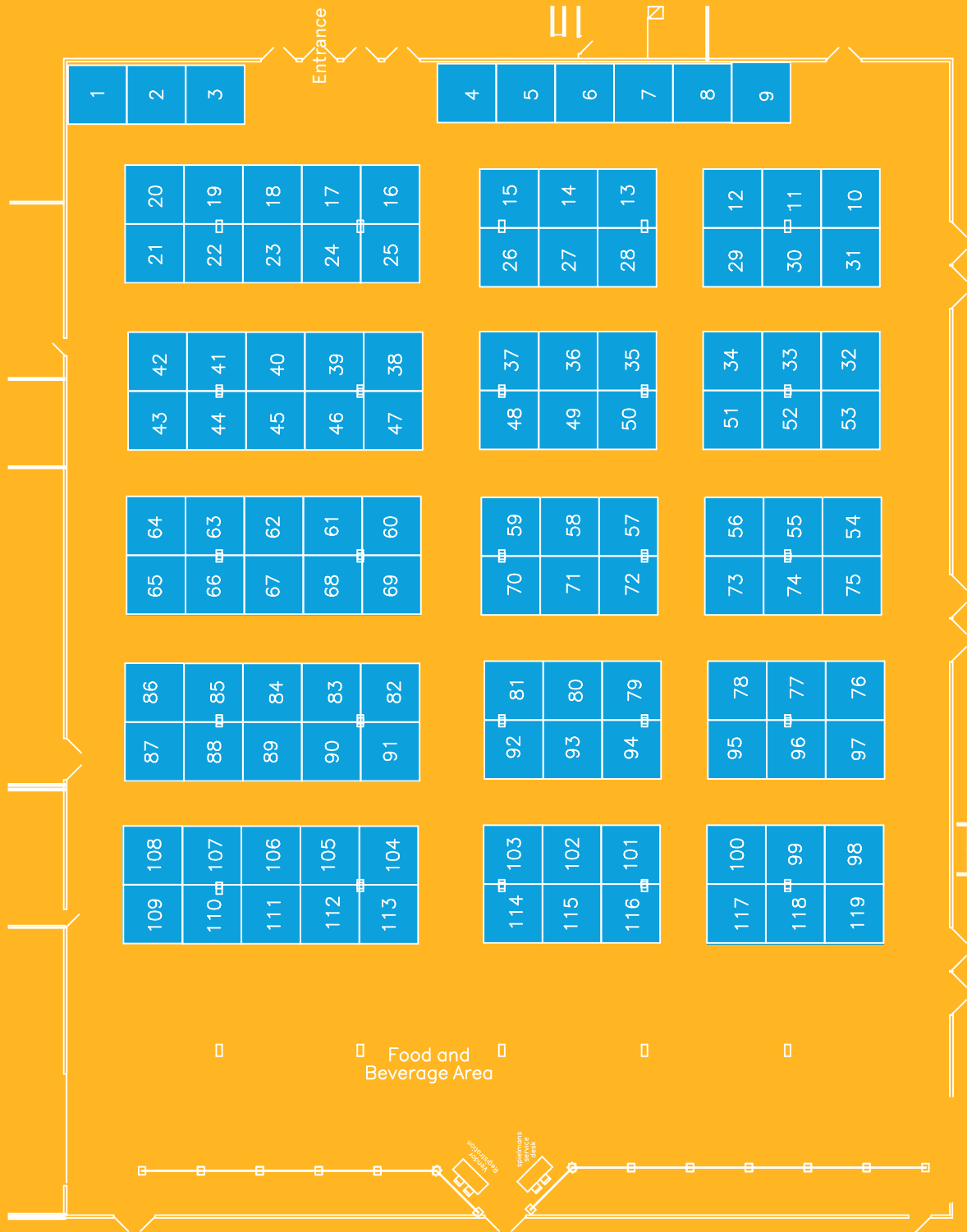
Cardholder Signature: _____

By signing below, client agrees to the terms and conditions as outlined on the ideas.iowadental.org website. Upon request, client agrees to provide proof of insurance 60 days prior to the conference. Space will not be reserved until payment is submitted in full.

Signature: _____

RETURN

TO: info@iowadental.org or IDA, 8797 NW 54th Avenue, Suite 100, Johnston, IA 50131-9478



2018 EXHIBITING & SPONSORSHIP PROSPECTUS