



Engage • Educate • Advocate

CONFERENCE: MAY 2-4 EXHIBITS: MAY 2-3

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:

BEFORE MARCH 15

INLINE BOOTH: \$1,300 X # of booths: \_\_ = \$ \_\_\_\_\_

CORNER BOOTH: \$1,500 X # of booths: \_\_ = \$ \_\_\_\_\_

AFTER MARCH 15

INLINE BOOTH: \$1,550 X # of booths: \_\_ = \$ \_\_\_\_\_

CORNER BOOTH: \$1,750 X # of booths: \_\_ = \$ \_\_\_\_\_

SPONSORSHIP:

o Sponsorship items: \_\_\_\_\_

Total sponsorship due: \$ \_\_\_\_\_

DIGITAL ADVERTISING: Bi-Weekly E-Newsletter: \_\_\_\_\_

\$500 X number of newsletters: \_\_\_\_\_ = \$ \_\_\_\_\_

DIGITAL ADVERTISING: Conference Email: \_\_\_\_\_

\$500 X number of emails: \_\_\_\_\_ = \$ \_\_\_\_\_

METHOD OF PAYMENT:

TOTAL COST \$ \_\_\_\_\_

Check: (made payable to IDA) \_\_\_\_\_

Credit Card: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ AMEX

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

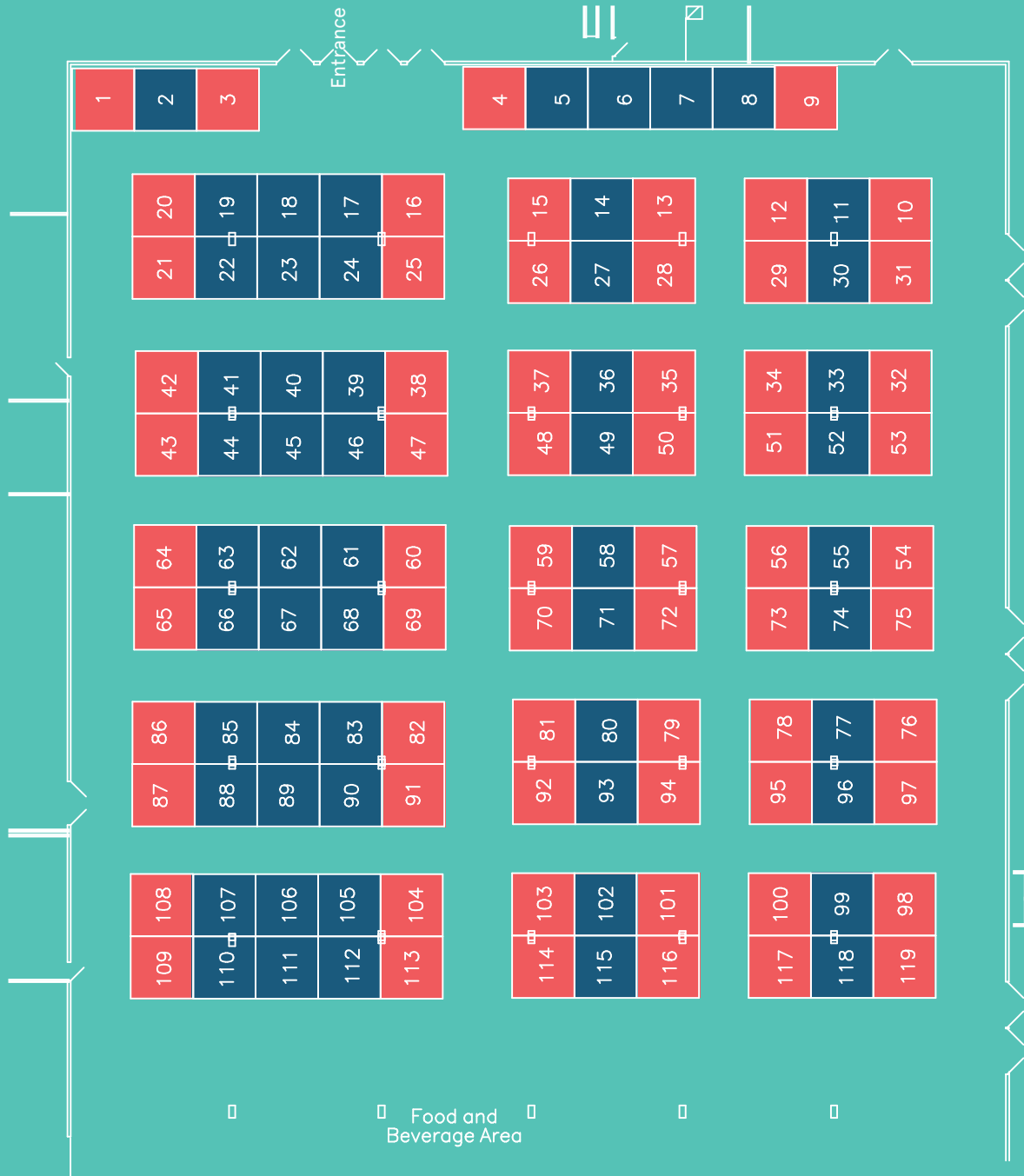
Cardholder Signature: \_\_\_\_\_

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 PO Box 31088, Johnston, IA 50131-9428

2019 EXHIBITING & SPONSORSHIP PROSPECTUS



### BOOTH COSTS

<div style="display: inline-block; width: 20px; height: 20px; background-color: #003366; margin-right: 5px;"></div> <b>INLINE BOOTH:</b> \$1,300 (before March 15) \$1,550 (after March 15)	<div style="display: inline-block; width: 20px; height: 20px; background-color: #CC0000; margin-right: 5px;"></div> <b>CORNER BOOTH:</b> \$1,500 (before March 15) \$1,750 (after March 15)
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