



CONFERENCE: MAY 4-6

EXHIBITS: MAY 4-5

LOCATION: DOUBLETREE BY HILTON CONVENTION COMPLEX CEDAR RAPIDS

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 30

STANDARD BOOTH: \$1,000 X # of booths: \_\_\_ = \$ \_\_\_\_\_

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

SPONSORSHIP:

o Sponsorship Items: \_\_\_\_\_

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

DIGITAL ADVERTISING: Weekly E-Newsletter or Website Banners

DIGITAL ADVERTISING: Conference Email

AFTER MARCH 30

STANDARD BOOTH: \$1,250 X # of booths: \_\_\_ = \$ \_\_\_\_\_

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

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

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

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

METHOD OF PAYMENT:

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 Rules & Regulations as outlined on the ideas.iowadental.org website. Upon request, client agrees to provide proof of insurance 60 days prior to the conference. Applications will not be considered and space will not be reserved until payment is submitted in full.

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

RETURN TO: Email form to info@iowadental.org and call 515.331.2298 for credit card payments, or mail form with payment information to IDA, 666 Grand Avenue, Suite 901, Des Moines, IA 50309. Please do not send credit card numbers via email.