American Academy of Cosmetic Dentistry®

AACD 2013 Exhibit Booth Space Contract

Exhibition Dates: April 25-27, 2013
Washington State Convention Center • Seattle, WA

IMPORTANT:
All signed contracts must be submitted with a 50% booth rental deposit to AACD. All contracts received after January 31, 2013 must be paid in full. Submit contract to:
AACD Exhibits, Attn: Jeff Roach
402 West Wilson St., Madison, WI 53703
Fax 608.222.9540

COMPANY INFORMATION *(Exactly as it is to be listed in the Program Guide.)*

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Web site: _____

Phone: _____ Toll Free: _____ Fax: _____

Exhibitor Contact Name: _____ E-mail: _____

BOOTH SELECTION *(please make four booth selections in **DIFFERENT** locations of the hall)*

All booth dimensions are 10 ft. X 10 ft. .

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____ 4th Choice: _____

The exhibitor does not wish to be in proximity of the following companies:

1) _____

2) _____

3) _____

_____ Corner booth(s) ..... @ $3,000 = $_____

_____ Inline booth(s) ..... @ $2,700 = $_____

Total $_____

Corporate Discount $_____

50% Deposit* $_____

Balance Due $_____

*(*Minimum deposit is 50% of total rental.)*

EXHIBITOR PRODUCT NAMES *Select from product list.*

1) _____ **2)** _____

3) _____ **4)** _____

All companies applying for exhibit space must complete and submit an application. The AACD will not process the application until the appropriate deposit is received. We also agree to remit any remaining balance in full on or before January 31, 2013.

METHOD OF PAYMENT

☐ I authorize AACD to automatically process any remaining balance due in January 2013 to the credit card provided.

☐ Check #: _____ Amount $_____

☐ Credit card #: _____ Exp date: _____ Card Security Code: _____

Name as it appears on credit card: _____

Cardholder signature: _____

I/We have read and will abide by all provisions, terms and conditions published in the 2013 Exhibitor Prospectus, which the undersigned applicant agrees is in conjunction with this contract for booth space.

_____ Date: _____
Authorized Signature/Title

For AACD Use Only: Date Rec'd.: _____ **Time Rec'd.:** _____ **Booth Assigned:** _____

AACD PRODUCT NAMES_____

- *ABRASIVES*
- *ADHESION*
- *ADVERTISING AGENCY*
- *AIR ABRASION*
- *ALLOYS*
- *APPOINTMENT REMINDER SYSTEM*
- *ARTICULATORS*
- *ASSOCIATION*
- *BLEACHING*
- *BONDING*
- *BURS*
- *CAD/CAM*
- *CAMERAS*
- *CAMERAS-*
  EXTRA ORAL DIGITAL
- *CAMERAS-INTRA ORAL*
- *CEMENTS*
- *COMPOSITES*
- *COMPUTER IMAGING*
- *COMPUTER SOFTWARE*
- *CREDIT CARD PROCESSING*
- *CURING*
- *DENTAL LABORATORY*
- *DIGITAL RADIOGRAPHY*
- *DISPOSABLE PRODUCTS*
- *EDUCATION/TRAINING*
- *FINANCIAL SERVICES*
- *HANDPIECES*
- *IMPLANTS*
- *IMPRESSION MATERIALS*
- *INFECTION CONTROL*
- *INSTRUMENTS*
- *INTERNET MARKETING*
- *LABORATORY INSTRUMENTS*
- *LASERS*
- *LIGHTS*
- *LOUPES*
- *MICROSCOPES*
- *OCCLUSION*
- *OFFICE SUPPLIES/DESIGN*
- *ORAL CANCER SCREENING*
- *ORAL HYGIENE*
- *ORTHODONTICS*
- *PATIENT EDUCATION*
- *PHOTOGRAPHY*
- *POLISHERS*
- *POLISHING SYSTEMS*
- *PORCELAIN SYSTEMS*
- *PORCELAINS*
- *PORTABLE LED LIGHT*
- *POSTS*
- *POWER TOOTHBRUSHES*
- *PRACTICE MANAGEMENT*
- *PRACTICE MARKETING*
- *PROFESSIONAL MANAGEMENT*
- *PROSTHODONTIC AIDS*
- *PUBLICATIONS*
- *REFERRAL SERVICE*
- *REFINING*
- *RESINS*
- *RESTORATIVE MATERIALS*
- *SHADE GUIDES*
- *SKIN CARE*
- *SPECIALTY PRODUCTS*
- *STERILIZATION*
- *SUPPLY*
- *TEETH*
- *VENEERS*
- *WEB SITES*
- *WHITENING*
- *X-RAY EQUIPMENT*
- *OTHER*_____