

Oh! The Info We Need...

Corporate Office Information (Corporate information will be printed in Convention Manual unless otherwise requested.)

COMPANY: _____

CONTACT: _____ TITLE: _____

EMAIL: _____ (this contact will receive all emails regarding logistics)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ COMPANY WEBSITE: _____

LESS THAN 5 WORD DESCRIPTION OF YOUR COMPANY'S PRODUCTS/SERVICES: _____

Attending Representative Information

ATTENDING REPRESENTATIVE: _____ EMAIL: _____

We wish to be a sponsor: Lunch Breakfast Speaker Happy Hour Book Snack Starbucks Gift Card
 Bag Tissues Lanyard Coffee Lip Balm Pen Manual Stadium Cup

We are an SDDS Vendor Member: Yes we are! (3 attendees included) •OR•

We wish to be an SDDS Vendor Member! (visit www.sdds.org for Vendor Member info) Sign me up!

Our preferred booth choices are (reference # from map): Choice 1 _____ Choice 2 _____ Choice 3 _____ Choice 4 (must be a non-corner) _____

Note Priority for Placement: 1ST: Convention Sponsors • 2ND: SDDS Vendor Members • 3RD: All Exhibitors

Registrants attending: 1. _____ 2. _____
(Included in registration) Please print (Included in registration) Please print

Additional Registrants see pricing below 3. _____ 4. _____
 5. _____ 6. _____

PACKAGE	IF PAID BY OCT 1, 2022	IF PAID BY NOV 14, 2022	AFTER NOV 14, 2022	
Booth package* # _____	\$1500 (includes 2 registrations)	\$1600 (includes 2 registrations)	\$1700 (includes 2 registrations)	\$ _____
Contiguous space	\$700 (additional/adjoining booth)	\$750 (additional/adjoining booth)	\$800 (additional/adjoining booth)	\$ _____
Extra registrants	\$200 each	\$225 each	\$250 each	\$ _____
Sponsorship	Please list which sponsorship _____			\$ _____
Advertising	<input type="checkbox"/> Half Page <input type="checkbox"/> Full Page <input type="checkbox"/> Inside Front Cover <input type="checkbox"/> Inside Back Cover <input type="checkbox"/> Outside Back Cover			\$ _____
*SDDS Vendor Member registration includes 3 attendees				TOTAL FEES: \$ _____

PAYMENT METHOD: Credit Card Check Enclosed (Please make checks payable to Sacramento District Dental Society)

Cardholder Name: _____ Card #: _____

Exp. Date: _____ 3-digit Security Code: _____ Billing Address: _____

I have read, understand and agree to abide by the exhibitor rules and regulations (www.sdds.org), and all other requirements as stated in this document. I do hereby affirm that the above information is true and current to the best of my knowledge.

X _____

BOOTH ASSIGNMENT IS CONFIRMED DECEMBER 15, 2022.

Please return completed form, payment, and camera-ready artwork (if applicable) to events@sdds.org or mail to SACRAMENTO DISTRICT DENTAL SOCIETY 2035 Hurley Way, Suite 200, Sacramento, CA 95825
 Phone: (916) 446-1211 • Fax: (916) 447-3818

SDDS Vendor Members
 receive a complimentary booth
 package and 3 attendees!



Sacramento District Dental Society presents
 The 42nd Annual MidWinter Convention & Expo
 Thursday & Friday: February 16-17, 2023
 SAFE CREDIT UNION CONVENTION CENTER (J STREET, SACRAMENTO)