

# Exhibit/Sponsor Registration Form

## Contact Information (Primary contact between company and MDA)

Name	
Title	
Phone	
Email	

## Company Information (for Program and Promotion purposes)

Company Name	
Website	
Phone	
Social Account(s)	

## Exhibitor Information (2 reps included with registration; up to 4 may attend, each additional \$100)

Name 1		Attend Salt & Lime Reception <input type="checkbox"/> Yes <input type="checkbox"/> No
Email 1		
Name 2		Attend Salt & Lime Reception <input type="checkbox"/> Yes <input type="checkbox"/> No
Email 2		
Name 3		Attend Salt & Lime Reception <input type="checkbox"/> Yes <input type="checkbox"/> No
Email 3		
Name 4		Attend Salt & Lime Reception <input type="checkbox"/> Yes <input type="checkbox"/> No
Email 4		

## Exhibit & Sponsor Options/Costs

<input type="checkbox"/> Exhibitor Only Package – \$950	<input type="checkbox"/> Speaker/CE Sponsor Only Package – \$1500
<b>Gold Sponsor Options (Also Must Be an Exhibitor)</b>	
<input type="checkbox"/> Salt & Lime Welcome Reception (Thu) – \$2500	<input type="checkbox"/> Breakfast Club CE (Sat) – \$1500
<input type="checkbox"/> Breakfast Buffet (Fri) – \$2500	<input type="checkbox"/> Refreshment Break (Fri AM) – \$1500
<input type="checkbox"/> Breakfast Bar (Sat) – \$2500	<input type="checkbox"/> Refreshment Break (Fri PM) – \$1500
<input type="checkbox"/> Lunch Bunch CE (Fri) – \$2000	<input type="checkbox"/> Refreshment Break (Sat AM) – \$1500
<input type="checkbox"/> Breakfast Club CE (Fri) – \$1500	<input type="checkbox"/> New Dentist Hangout (Thu) – \$1250
<b>Silver Sponsor Options (Also Must Be an Exhibitor)</b>	
<input type="checkbox"/> Registration Open Postcard – \$1000	<input type="checkbox"/> Attendee Tote Bags – \$750
<input type="checkbox"/> Pens & Notepads – \$750	<input type="checkbox"/> Family Welcome Bags – \$750
<input type="checkbox"/> ReConnect Reception Can Koozies – \$750	
<b>Connect4Cash Foundation Raffle Support</b>	
<input type="checkbox"/> Sponsor Prize(s) – Item _____ Quantity Providing _____	
<b>Additional Reps (2 included)</b>	<input type="checkbox"/> 1/\$100 <input type="checkbox"/> 2/\$200

## Payment Information

<b>Total Due</b> TOTAL ALL SELECTIONS ABOVE	\$	<input type="checkbox"/> Check <input type="checkbox"/> Credit <b>VISA/MC/DISC CARDS ONLY – NO AMEX</b>
CARD #	EXP DATE	CSV CODE
Billing Address		
Billing City/State/Zip		

**Forms/Check Payment Send to** Missouri Dental Association, 3340 American Ave, Jefferson City MO 65109  
**Forms/Credit Card payment Send to** mandy@modentalmail.org | Phone 573-634-3436  
*Forms are accepted and sponsor options are awarded on a first come, first serve basis.*