

C4S 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 – \$1000	<input type="checkbox"/> Speaker/CE Sponsor Only Package – \$1500
Gold Sponsor Options (Also Must Be an Exhibitor)	
<input type="checkbox"/> Salt & Lime Welcome Reception (Thu) – \$2500	<input type="checkbox"/> Breakfast Club CE (Sat) – \$2000
<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) – \$2500	<input type="checkbox"/> Refreshment Break (Sat AM) – \$1500
<input type="checkbox"/> Breakfast Club CE (Fri) – \$2000	<input type="checkbox"/> New Dentist Hangout (Thu) – \$1500
Silver Sponsor Options (Also Must Be an Exhibitor)	
<input type="checkbox"/> Registration Open Postcard – \$1000	<input type="checkbox"/> Attendee Tote Bags – \$750
<input type="checkbox"/> Family Welcome Bags – \$750	
Connect4Cash Foundation Raffle Support	
<input type="checkbox"/> Purchase Ticket – \$100/Each (5 Max)	<input type="checkbox"/> Sponsor Prize(s) – Quantity Providing _____

Payment Information

Total Due TOTAL ALL SELECTIONS ABOVE	\$	<input type="checkbox"/> Check <input type="checkbox"/> Credit VISA/MC/DISC CARDS ONLY – NO AMEX
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.