

Inland Northwest Dental Conference 2026
Exhibitor Registration Form
April 24-26, 2026—Davenport Grand Hotel, 333 W. Spokane Falls Blvd, Spokane, WA

Company Name: _____

Phone: _____

Address: _____

Website: _____

Options CIRCLE YOUR CHOICE

8x8 Perimeter Booth	\$1,195
10x10 Interior Booth	\$1,495
Premium 10x20 Endcap Booth	\$1,995

Each Exhibitor Package includes

A skirted table, 2 chairs, 1 wastebasket
Fully Carpeted Ballroom
8' high draped back wall, 3' high draped side walls
Up to 2 representatives
*Mini display includes 1 skirted highboy table in foyer and admission for up to 1 representative

SAVE \$ with our Early Bird Discount!!!

Deduct \$100 from the price if your booth is paid in full by January 1, 2026

COMPETITORS COMPLETE

Indicate the names of any competitors whom you prefer not to be located by. Be specific

Booth Representatives COMPLETE

Please list name and mobile phone number for each representative. The first 2 reps are included in the registration price. Additional staff is \$150 each

#1 _____

#2 _____

#3 (\$150) _____

#4 (\$150) _____

Exhibit Hall Hours will be:

Thursday April 24th 9:00am -5:30pm

Friday April 25th 9:00 am—3:30 pm

Setup is from 6:00-8:00 pm on
Wednesday April 29th

Teardown prior to 3:30 PM on April
30th is prohibited

Exhibitor Agreement COMPLETE AND SIGN

We hereby apply for space to exhibit space at the Inland Northwest Dental Conference April 24-26, 2025. As exhibitor, we agree to assume and to pay all shipping and drayage charges in connection with our exhibit. We agree to indemnify and hold harmless the Spokane District Dental Society and INDC from all liability, which might ensue for any cause whatsoever, in connection with our exhibit.

SIGN HERE: Signature _____ Title _____ Date _____

**RETURN YOUR PAYMENT ALONG
WITH THIS FORM TO:**

Spokane District Dental Society
24403 E, Mission Ste 104
Liberty Lake, WA
Ph: (509) 838-0436
Fax: (509) 838-5040

Payment COMPLETE

YOUR FULL PAYMENT MUST ACCOMPANY THIS APPLICATION This order will be binding upon receipt of the confirmation.

**For credit card payments, please contact our office at
info@spokanedentalsociety.org**