

Inland Northwest Dental Conference 2025
Exhibitor Registration Form
April 24-26, 2025—Davenport Grand Hotel, 333 W. Spokane Falls Blvd, Spokane, WA

Company Name: _____

Phone: _____

Address: _____

Website: _____

Options <u>CIRCLE YOUR CHOICE</u>	
8x8 Perimeter Booth	\$995
10x10 Interior Booth	\$1,295
Premium 10x20 Endcap Booth	\$1,995
Mini Display in Foyer Area	\$495

Early Bird Discount!!!

Save \$100 if your booth is paid in full by January 1st,

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

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 -5:00pm
Friday April 25th 9:00 am—4:00 pm

Setup is from 6:00-8:00 pm on Wednesday April 23rd

Teardown prior to 4:00 PM on April 25th 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. The fee submitted with this application will be refunded only under the terms listed in the Exhibitor Prospectus.

Charge my card for the amount of \$ _____

CVV Code _____ Card # _____