

**WILLIAM F. SLAGLE DENTAL MEETING EXHIBITOR
RESERVATION REQUEST FOR BOOTH SPACE MARCH 3-5,
2017. HILTON HOTEL, MEMPHIS, TN**

Please print or type your company name as it should appear in the program

Name of Company _____

Street _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Email _____

Please list the representative (s) assigned to attend the booth:

1. _____

2. _____

The undersigned hereby authorizes the William F. Slagle Dental Meeting Planning Committee to reserve exhibit space for use by the above-named company during the 2017 William F. Slagle Dental Meeting. Exhibitor agrees to the following:

1. Assignment of space will be made by the William F. Slagle Dental Meeting Committee. (Requests for inside hall booths or meeting hallway booths will be considered, please circle your preference.)
2. Payment in full (\$700.00) is enclosed or a nonrefundable deposit of \$100.00 with full payment made before January 1, 2017. No refunds will be made for any cancellation.
3. The space that is the subject of this request shall constitute the sole display area to be used by exhibitor in designated Exhibitor Display Area during the Slagle Dental Meeting. This space will be used solely by Exhibitor and will not be shared with any other company, vendor, or Exhibitor.
4. Exhibitor business is to be conducted in a proper and professional manner.
5. The William F. Slagle Dental Meeting shall not assume responsibility for any damage associated with exhibitor's use of the assigned space.

Please indicate your choice below

_____ \$3500 and up Sponsorship – More information will be provided per request.

_____ \$2500 Elite Sponsorship - provides recognition as a sponsor in the William F. Slagle Dental Meeting Program and Promotional material throughout the year (seen by 12,000 or more), onsite sponsorship signage, and a free booth.

_____ \$1500 Bronze Sponsorship – provides recognition as a sponsor in the William F. Slagle Dental Meeting Program and Promotional material throughout the year (seen by 12,000 or more), onsite sponsorship signage. DOES NOT INCLUDE A FREE BOOTH.

_____ Requesting only a booth.

_____ Will provide a prize for the Exhibit Hall daily drawing during the end of the lunch hour (Friday and/or Saturday please circle your choice).

If you wish to donate a prize(s) for exhibit drawing, please list the prize(s) below:

Return all materials to:
Blake Dingman
University of Tennessee Health Science Center
College of Dentistry
Office of Financial Affairs
875 Union Ave, Rm C211
Memphis, TN 38163
(901)448-6370
(901)448-7104 fax
bdingman@uthsc.edu

Signature _____
Title _____
Date _____