

**WILLIAM F. SLAGLE DENTAL MEETING
SPONSOR & EXHIBITOR RESERVATION FORM
MARCH 6-8, 2020.
THE GUEST HOUSE AT GRACELAND, 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 2020 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.
2. The fee for 1 booth space will be \$750.00. All payments must be received by February 10th no exceptions. 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

_____ **\$10,000 and above Sponsorship – Gold/Platinum** - 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 one free prime location booth and two tables. (More information will be provided upon request).

_____ **\$5,000 Silver 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 one prime location free booth. (More information will be provided upon request).

_____ **\$2,500 Titanium 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 one free booth.

_____ Requesting only a booth.

_____ Would like to present a Vendor Mini-Session. Please list topic 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 _____

