

2022 FACD Early EXHIBITOR AGREEMENT

2022 FACD Annual Scientific Session & Trade Show • August 18- 20, 2022 • Hyatt Regency Grand Cypress – Orlando, FL

(Note: The pre-show contact will receive the exhibitor kit and other pre-show materials. The information completed in the second section will be listed in the conference information.)

Pre-Show Contact Person: _____ Title: _____

Company: _____

Address: _____
(address listing for onsite program)

City/State/Zip: _____

Phone/Fax/Email: _____

PLEASE COMPLETE THIS INFORMATION AS IT SHOULD APPEAR IN THE CONFERENCE INFORMATION:

Show Contact Person: _____ Title: _____

Address: _____

City/State/Zip: _____

Telephone: () _____ Fax: () _____

Email: _____ Website: _____

Description of Products/Services for Printed Program (25 words or less): _____

BOOTH LOCATION DESIRED: Floor Plan will be shared when available. Early application ensures discounted pricing and preferred booth selection.

BOOTH FEES: SPECIAL OFFER – SAVE \$300.00

Each exhibit booth purchased for the 2020 FACD Annual Scientific Session & Trade Show includes full registrations for two (2) onsite representatives.

_____ (Quantity) **Prime Booth(s)** @ **\$1,395** (Offer ends 12/31/21) = \$ _____
_____ (Quantity) **Regular Booth(s)** @ **\$1,295** (Offer ends 12/31/21) = \$ _____

GRAND TOTAL = \$ _____

PAYMENT TERMS:

Indicate your choice of payment and mail to: FACD, 400 Capital Circle SE, Suite 18270, Tallahassee, FL 32301. You may also email this application and credit card payment to meetings@flacosmeticrodentistry.org. Call (850) 727-7764 with any questions or for additional information.

Check enclosed (payable to FACD) Check # _____ Check Amount \$ _____

Credit Card: Visa MasterCard American Express Charge Amount \$ _____

Credit Card Number _____ Sec. Code* _____ Exp. Date _____

*This is the 3 digit number that appears on the reverse side of your credit card. For Amex cards only, this is the 4 digit number on the front of your card.

Signature of Cardholder: _____ Print Name of Cardholder: _____

Billing Address & Zip Code: _____

CONTRACT AGREEMENT

I understand that this application becomes a contract when signed below and accepted by the FACD Exhibit Manager. I agree to abide by the conditions of this contract. Contract will not be accepted without a signature.

Signature of Authorized Representative: _____

Title: _____ Date: _____

For FACD Use ONLY:

Date Received: _____ Booth Number(s) Confirmed: _____

Sponsorship(s) Confirmed: _____

EMAIL THIS DOCUMENT TO MEETINGS@FLACOSMETICDENTISTRY.ORG BEFORE 11/15/2021 TO RECEIVE THE DISCOUNT!