

Mid-Peninsula Dental Society
220 Main Street Suite 208A
Phone 650-328-2242 Fax 650-331-0541
2016 Continuing Education Meeting Schedule
EXHIBITOR / SPONSOR CONTRACT

COMPANY NAME _____
 YOUR NAME _____ EMAIL _____
 COMPANY ADDRESS _____
 CITY, STATE, ZIP CODE _____
 TELEPHONE: _____ FAX _____
 NAME(S) OF REPRESENTATIVE(S) ATTENDING MEETING _____
 PRODUCT AND/OR SERVICES EXHIBITNG _____

<p>Sponsors: All Exhibitors Benefits Company name on all event mailings Opportunity to speak for 5 minutes at meeting Plus special recognition as a SPONSOR Meal for two representatives</p>	<p>Exhibitors: One Table Exhibitor Space Verbal Recognition from Podium Meal for one representative Listing on a poster at the meeting</p>
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WE WOULD LIKE TO BE AN EXHIBITOR OR SPONSOR AT THE FOLLOWING MPDS MEETINGS:
Please check appropriate programs & indicate whether you wish to be an Exhibitor or a Sponsor

<p> Friday, March 11th <i>"Airway & Sleep Prosthodontics"</i> Speaker: <u>Jeff Rouse, DDS</u></p>	<p>7:30-2:00 PM Crowne Plaza Cabana Hotel, 4290 El Camino Real, Palo Alto</p>	<table border="0"> <tr> <td><u>Exhibitor</u></td> <td><u>Sponsor</u></td> </tr> <tr> <td> \$400</td> <td> \$1000</td> </tr> </table>	<u>Exhibitor</u>	<u>Sponsor</u>	\$400	\$1000
<u>Exhibitor</u>	<u>Sponsor</u>					
\$400	\$1000					

**Please let me know if it is acceptable to donate \$25 from your payment towards a gift card for our raffle for this meeting.*

\$25 Gift Card	YES	NO
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<p> Thursday, September 22nd <i>"Social Media"</i> Speaker: <u>Ed Zuckerberg, DDS</u></p>	<p>5:30-8:30 PM Hiller Aviation Museum, 601 Skyway Rd., San Carlos</p>	<table border="0"> <tr> <td><u>Exhibitor</u></td> <td><u>Sponsor</u></td> </tr> <tr> <td> \$300</td> <td> \$600</td> </tr> </table>	<u>Exhibitor</u>	<u>Sponsor</u>	\$300	\$600
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\$25 Gift Card	YES	NO
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<p> Friday, October 7th <i>"Factors Affecting Treatment Planning for Root Canal or Implant"</i> Speaker: <u>Mahmoud Torabinejad, DMD,MSD</u></p>	<p>7:30-2:00 PM Crowne Plaza Cabana Hotel, 4290 El Camino Real, Palo Alto</p>	<table border="0"> <tr> <td><u>Exhibitor</u></td> <td><u>Sponsor</u></td> </tr> <tr> <td> \$400</td> <td> \$1000</td> </tr> </table>	<u>Exhibitor</u>	<u>Sponsor</u>	\$400	\$1000
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"Achieving Predictable Esthetics Outcome Using Dental Implants"
 Speaker: **Shahriar Parvizpour, DDS**

**Please let me know if it is acceptable to donate \$25 from your payment towards a gift card for our raffle for this meeting.*

\$25 Gift Card	YES	NO
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All 3 meetings pre-paid @ 15% discount = \$935.00

Add \$45 fee per person, per program, other than yourself and 1 additional representative
Additional person(s) for which we are buying a meal _____

TOTAL FEE FOR 2016 \$ _____

NAMES OF ALL ATTENDEES FOR NAME TAGS _____

DO YOU NEED AN ELECTRICAL OUTLET AVAILABLE AT YOUR TABLE YES _____ NO _____

NOTE: Exhibitor/Sponsor acknowledges that payments are non-refundable and non-transferable for any reason and at any time. In order for your company to obtain maximum publicity, the Society's office needs to receive payment two months prior to meeting dates. **Until we are in receipt of this signed contract and payment in our office, the above marked dates will not be officially confirmed.**