

Mid-Peninsula Dental Society
220 Main Street Suite 208A
Phone 650-328-2242 Fax 650-331-0541
2017 Continuing Education Meeting Schedule
EXHIBITOR / SPONSOR CONTRACT

COMPANY NAME _____
 YOUR NAME _____ EMAIL _____
 COMPANY ADDRESS _____
 CITY, STATE, ZIP CODE _____
 TELEPHONE: _____ EMAIL LOCAL REP: _____ 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> Thursday, February 23rd <i>"Embezzlement"</i> Speaker: Susan Gunn</p>	<p>5:30-8:00 PM Crowne Plaza 4290 El Camino Real, Palo Alto</p>	<p><u>Exhibitor</u> \$300</p>	<p><u>Sponsor</u> \$600</p>
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<p> Friday, March 17th <i>"Full Mouth Rehabilitation Using Minimally Invasive Rejuvenation Dentistry"</i> Speaker: Hal Stewart, DDS</p>	<p>7:30-1:00 PM Crowne Plaza 4290 El Camino Real, Palo Alto</p>	<p><u>Exhibitor</u> \$400</p>	<p><u>Sponsor</u> \$1000</p>
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**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 21st <i>"Computer-Assisted Reconstruction for Mandibular Osteoradionecrosis" Joint Meeting with San Mateo Dental Society</i> Speaker: Vasu Divi, M.D.</p>	<p>5:30-8:30 PM Crowne Plaza 1221 Chess Dr., Foster City</p>	<p><u>Exhibitor</u> \$300</p>	<p><u>Sponsor</u> \$600</p>
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**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> Saturday, October 7th <i>"Perio-Roundtable"</i> Speakers: MPDS Members</p>	<p>7:30-2:00 PM Crowne Plaza 4290 El Camino Real, Palo Alto</p>	<p><u>Exhibitor</u> \$400</p>	<p><u>Sponsor</u> \$1000</p>
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**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 4 meetings pre-paid @ 15% discount = \$1190

**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 2017 \$ _____

NAMES OF ALL ATTENDEES FOR NAMETAGS _____

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.**