

EXHIBITOR REGISTRATION FORMS

Northern Virginia Dental Society Continuing Education Programs

GUIDELINES FOR EXHIBITORS

- The Executive Committee of the Northern Virginia Dental Society must approve the corporate exhibitor.
- A corporate exhibitor must currently manufacture a product having the ADA seal of approval or comparable recognition.
- No commercial exhibits or literature promoting the manufacturers' products will be permitted inside the room where the presentation/ lecture is taking place.

EXHIBITOR FEES AND DATES

- Fiscal Year 2022-2023 CE meetings dates are as follows: **12/2/22 1/20/23 3/10/23 4/21/23 5/5/23**
 - Topics and dates subject to change
- Pricing: \$1,050 for each one full-day CE Seminar
 - All fees must be paid at the time of registration

EXHIBITORS WILL RECEIVE THE FOLLOWING

- Your company's name will be included on all meeting registration forms/publicity materials both postal mailed and emailed to our 1,400 member dentists in Northern Virginia, and it will be emailed to all other dentists in the state of Virginia (members & non-members alike).
- One 6' table draped & skirted with 2 chairs and an electrical outlet (if necessary)
- Recognition on the CE Meeting's printed program stating that "This program is being partially supported by _____."
- Oral announcement at presentation recognizing exhibitors.

NVDS MAILING LABELS AVAILABLE FOR PURCHASE

- Northern Virginia Society membership labels are available for purchase for a cost of **\$350.00 per set***.
- Each one-time-use set is printed on Avery address labels and sorted by zip code order.
- All label requests must be accompanied by payment and the completed form (see PAGE THREE).
- To purchase the labels, please contact Erin Matlock at ematlock@nvds.org.

***This price may be subject to change after September 1, 2022.**

Upon receipt and one-time use of the labels there can be no representation or endorsement of the NVDS or its members.

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Northern Virginia Dental Society Continuing Education Programs

EXHIBITOR CONTRACT

We understand that by signing this contract and forwarding payment (\$1,050 for each full-day CE meeting), we are confirmed for participation.

Please note: ALL FEES MUST BE PAID AT THE TIME OF REGISTRATION.

**Please photocopy for your records and mail or fax the original form with payment to:
Northern Virginia Dental Society, 4330 Evergreen Lane, Suite N, Annandale, VA 22003-3259 Fax: 703 750-2261**

CIRCLE THE CE MEETING DATE(S) YOU WISH TO EXHIBIT: 12/2/22 1/20/23 3/10/23 4/21/23 5/5/23

COMPANY NAME

NAME OF CONTACT PERSON

CONTACT EMAIL ADDRESS

BUSINESS PHONE

FAX NUMBER

MOBILE PHONE

OFFICE OR CONTACT'S FULL ADDRESS

NUMBER OF TABLES NEEDED _____ (additional registration fee for more than one table) ELECTRICAL OUTLETS: YES NO

ENCLOSED IS OUR CHECK (MAKE PAYABLE TO N.V.D.S.)

CHECK NUMBER

TOTAL AMOUNT

OR

CREDIT CARD NUMBER

NAME ON CARD

EXPIRATION DATE

SECURITY CODE

BILLING ZIP CODE

NAME OF COMPANY TO BE USED ON MEETING MATERIALS (IF DIFFERENT THAN ABOVE)

SIGNATURE

PLEASE BE ADVISED THAT ALL EXHIBITORS ARE LIMITED TO TWO (2) REPRESENTATIVES AT EACH PROGRAM.

#1 - _____
NAME & EMAIL OF REPRESENTATIVE(S) ATTENDING THE CE MEETING

#2 - _____
NAME & EMAIL OF REPRESENTATIVE(S) ATTENDING THE CE MEETING

There will be no refunds for cancellations made less than 60 days in advance.

NORTHERN VIRGINIA DENTAL SOCIETY MAILING LABELS AVAILABLE FOR PURCHASE

- Northern Virginia Society membership labels are available for purchase for a cost of **\$350.00 per set***.
- Each set is printed on Avery address labels and sorted by zip code order.
- **Labels are for one time use only.** May not be copied or reproduced for multiple uses.

Please note: ALL ORDERS MUST BE ACCOMPANIED BY PAYMENT.

Please e-mail or fax the original form with payment to:

**Northern Virginia Dental Society
4330 Evergreen Lane, Suite N
Annandale, VA 22003-3259
Fax: 703 750-2261**

COMPANY NAME

NAME OF CONTACT PERSON

BUSINESS PHONE

FAX NUMBER

MAILING ADDRESS FOR LABEL SHIPPING

ENCLOSED IS OUR CHECK (MAKE PAYABLE TO N.V.D.S.)

CHECK NUMBER

AMOUNT

CREDIT CARD NUMBER

NAME ON CARD

EXPIRATION DATE

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