

EXHIBITORS' REGISTRATION FORMS

Northern Virginia Dental Society Continuing Education Meetings 2019

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.
- In adherence to NVDS guidelines, no phone or attendee lists of NVDS members will be made available to exhibitors.
- Exhibitor tables will be available on a first come, first serve basis upon arrival at the meeting venue.

EXHIBITOR PRICING

- 2019 CE meetings dates are: **1/25/19 3/8/19 4/5/19**
- \$950 for each one full-day CE Seminar

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

EACH EXHIBITOR WILL RECEIVE THE FOLLOWING

- One 6' table draped & skirted with 2 chairs; 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 sponsorship.

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.
- Please see p. 4 for more details.

***This price may be subject to change after September 1, 2018.**

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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EXHIBITOR RULES AND REGULATIONS AGREEMENT

please sign and return

Northern Virginia Dental Society

PERMISSIBLE EXHIBITS: All business activities of the Exhibitor at the Exhibit Hall must be within the Exhibitor's allotted exhibit space. Distribution of literature, conducting surveys, etc. in the exposition aisles will not be permitted. Promotional activities and give-away items will be permitted only within the table areas. All booth personnel must be properly attired and conduct themselves in a professional manner. The Dental Society will be the final judge should any controversy arise in the matter. The Society reserves the right to determine which firms and products are appropriate in its judgment for inclusion in the Exhibition and to refuse, cancel, or restrict any applicant or exhibit which the Society considers undesirable for any reason.

ASSIGNMENT OF SPACE: Exhibitor tables will be available on a first come, first serve basis upon arrival at the meeting venue.

SUBLETTING OF SPACE: No Exhibitor shall without written consent of the Society assign, sublet, or apportion any space contracted hereunder, or show in such space any articles other than those manufactured or sold by its regular course of business and shall not place any name signs or courtesy cards on any equipment loaned it for demonstration purposes unless the supplier of such equipment is also an Exhibitor.

LIABILITY: Neither the Society, the Hotel or Meeting Facility, nor any of its officers, agents, or employees, shall be held liable for any damage, loss, harm, or injury to the person or property of the Exhibitor or any of its officers, agents or employees, resulting from theft, fire, water, accident, or any other cause. The Exhibitor shall indemnify, defend and hold harmless the Society, the Hotel or Meeting Facility and any of their officers, agents or employees from any claims, demands, suits, liability, damages, losses, costs, attorney's fees, and expenses of whatever kind or nature, which might result from or arise out of any action or failure to act on part of the Exhibitor any of its officers, agents or employees. The Society shall have the right to approve any legal counsel selected to defend the Society in any such claim or alleged claim.

INSURANCE: All property of Exhibitor is understood to remain under his or her custody and control in transit to or from or within the confines of the Exhibition Hall. Exhibitors shall carry their own insurance to cover exhibit material against damage and loss and public liability insurance against injury to the person and property of others. The Society shall not be obligated to carry any insurance for the benefit of the Exhibitors.

VIOLATIONS: Any violation of any of the Regulations & Information by Exhibitor shall give the Society the right at its option to terminate the right of the Exhibitor to occupy space and the Society may re-enter and take possession of the space occupied by the Exhibitor and remove all persons and goods at the Exhibitor's own risk, and the Exhibitors shall pay all expenses and all damages which the Society may incur, and forfeit all monies paid or due to the Society on account thereof. Exhibitor waives the service of written notice to re-enter and terminate.

Signature _____ **Date** _____

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EXHIBITOR CONTRACT 2019

We understand that by signing this contract and forwarding payment (**\$950 for each table at full-day CE Seminar**), we are confirmed for participation. We also understand that exhibitor tables will be available on a first come, first serve basis upon arrival at the meeting venue and we are obligated to adhere to the enclosed rules and regulations.

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**

MEETING DATE(S) _____

COMPANY NAME (as it should appear in printed materials)

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

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)

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

#1 - _____
NAME OF REPRESENTATIVE ATTENDING THE MEETING

#2 - _____
NAME OF REPRESENTATIVE ATTENDING THE MEETING

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

NORTHERN VIRGINIA DENTAL SOCIETY MAILING LABELS AVAILABLE FOR PURCHASE

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- **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.

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

COMPANY NAME

NAME OF CONTACT PERSON

BUSINESS PHONE

FAX NUMBER

OFFICE OR CONTACT'S FULL ADDRESS

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

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