Big Apple 2018 Dental Meeting

Sponsored by The Bronx County Dental Society
Component of the Dental Society of the State of New York
Website: bigappledentalmeeting.us

Application For
Exhibit Space
Sheraton Mahwah Hotel
Mahwah, NJ

Big Apple Dental Meeting

Wednesday, March 21,2018
Thursday, March 22,2018

Send all correspondence to:
Bronx County Dental Society
3201 Grand Concourse
Bronx, New York 10468
Telephone: 718-733-2031
Fax: 718-733-0186
Website: bigappledentalmeeting.us
E-mail: bronxdental@optonline.net

We hereby apply, subject to the terms of your printed brochure of this meeting, for space for our occupancy in the Exhibition Area. Booth assignment will be determined by the exhibit managers.

WE AGREE THAT:

1. Assignment of space made by the BCDS will be considered as accepted unless rejected within 14 days from date of receipt of notification of space assignment.
2. A deposit of 50% of total space rental fee is required at the time of application for space. Invoice will not be sent unless specifically requested. Checks to be made payable to BCDS and mailed to 3201 Grand Concourse, Bronx, N.Y. 10468.
3. **All provisions of the Official Rules and Regulations as Printed in the Official Prospectus shall be a part of this Contract.**
4. Exhibit fee includes space, draped table (all booths draped alike as determined by BCDS), chair, waste basket and ID sign. Additional furnishings, labor, shipping, and hotel arrangements must be made individually at exhibitors expense.
5. COUPON REDEMPTIONS: After taking coupon value off an attendees purchase, BCDS will reimburse you for the full face value of the coupons completed, filled out & submitted to the Big Apple Dental Meeting.
6. Merchandise may not change hands at the meeting.

PAYMENT/CANCELLATION:

A deposit of 50% of the total exhibit space is required at the time the application is forwarded. Checks should be made payable to BCDS, and mailed to Bronx County Dental Society, 3201 Grand Concourse, Bronx, N.Y. 10468. The balance of payment shall be due upon confirmation of exhibit space. Exhibitors cancelling space between July 1, 2017 and January 31, 2018 will be charged a $500.00 processing fee. Exhibitors cancelling space after February 1, 2018 will be charged the total fee for the exhibit space. In the event the cancelled spaces are resold and the entire exhibit is sold out, a refund of 100% less $100.00 processing fee will be returned. Should any contingency prevent the holding of the Conference or Exhibition, BCDS shall not be held liable for any expense incurred by the exhibitor. **Shipping:** BCDS has made arrangements on behalf of the exhibitors with Isaacs Nationwide Expo Services, Inc. (845) 561-0832, fax (845) 561-6137 to receive, store, and deliver exhibits directly to the exhibit area on set-up day. All shipments should be prepaid and consigned as follows: **To:** Steve Ewald, Isaacs Nationwide Expo Services Inc., 214 MacArthur Avenue, Unit B, New Windsor, NY 12553 **For:** BCDS.

❑ VISA ❑ MC ❑ AMEX

Cost of an 8' x 8' booth is $1,800
(Booth 56 to 64 $2,000)
Including 2 Breakfast & lunch Buffet each day for your representatives.
Additional booth space available.

Exp. Date_____

SEVERAL BOOTHS MAY BE SLIGHTLY SMALLER OR LARGER AS SPACE ALLOWS
BOOTH NUMBERS AND LOCATION MAY CHANGE DUE TO SPACE RESTRICTIONS

Description of your products or services offered:

Sign application as you wish to have all correspondence addressed. List firm name as you want it printed in exhibitor listing. Contact listed below will receive all correspondence. Please print or type except signature.

Print Firm Name _____

Print Street and Number _____

Print City _____ State _____ Zip Code _____

Telephone # (Area Code) _____ Fax # (Area Code)_____

Email Address _____ Web address _____

Signature _____ Date_____

Print Name: _____

Please send original (white) & yellow copy back to us and keep pink copy for your records.

EXHIBITOR NAMES WILL APPEAR IN OUR MEETING GUIDE
IF THE CONTRACT WITH PAYMENT IS RECEIVED
PRIOR TO PRESS TIME 12/1/17