



Big Apple 2020 Dental Meeting

Application For Exhibit Space
Maestro Caterers
1730 Bronxdale Avenue
Bronx, NY 10462

1 Day Meeting
Wednesday 3/25/2020
8:00A.M. - 5:00 P.M.

Send all correspondence to:
Bronx County Dental Society
2157 Tomlinson Avenue, Bronx, NY 10461
Telephone: 718-733-2031 Fax: 718-733-0186
Website: bigappledentalmeeting.us
E-mail: bronxdental@optonline.net

We hereby, subject to the terms of your printed brochure, apply for a booth in the exhibition area.
Booth assignments will be determined by the exhibit manager.

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
3. 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, and shipping must be made individually at exhibitors expense.
5. Merchandise may not change hands at the meeting.

PAYMENT/CANCELLATION:

A deposit of 50% is required at the time the application is forwarded. Checks should be made payable to BCDS (address above). The balance of payment shall be due upon confirmation of exhibit space. Exhibitors cancelling space between Sept 1, 2019 and January 31, 2020 will be charged a \$500.00 processing fee. Exhibitors cancelling space after February 1, 2020 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.

VISA MC AMEX

Cost of an 8X8 booth space for (1) one day is \$900.00
which includes buffet breakfast and lunch for the reps.

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: _____
Contact Name _____

Please send original white back to us and keep yellow copy for your records.

EXHIBITOR NAMES WILL
APPEAR IN OUR MEETING GUIDE
IF THE CONTRACT
WITH PAYMENT IS RECEIVED
PRIOR TO PRESS TIME 12/31/19