



EXCELLENCE IN COSMETIC DENTISTRY 2008

AMERICAN ACADEMY OF COSMETIC DENTISTRY®

24th Annual Scientific Session

SPACE / FUNCTION REQUEST FORM

Please return form by March 3, 2008 to:

American Academy of Cosmetic Dentistry
Attn: Stacey Budd, Director of Meetings
5401 World Dairy Dr
Madison, WI 53718
(800) 543-9220 • (608) 222-9540 (fax)
staceyb@aacd.com

FOR USE BY MEETING DIRECTOR ONLY

Date Received _____

Date _____

Time _____

Room Assigned _____

Facility _____

Attendance _____

Approved _____ Not Approved _____

A confirmation of your space and tentative room assignment will be sent to you.

1. Rules & Regulations

- Exhibitors are **ONLY** permitted to hold "hospitality/social" type functions (non-session).
- Exhibitors/Vendors are not permitted to charge (or reimburse) fees for entry to hospitality/social functions.
- Only registered AACD attendees may be invited to attend exhibitor hospitality/social functions.
- Exhibitors/Vendors distributing **ANY** printed information prior to or during hospitality/social function must have materials approved by AACD no later than April 21, 2008.
- Exhibiting companies hosting functions must clarify that the event is not an official AACD function.
- No hospitality/social functions can be held opposite a function sponsored by the American Academy of Cosmetic Dentistry, including Exhibit Hall hours:

Tuesday, May 6 Membership Meeting..... 5:00 pm – 7:00 pm

Wednesday, May 7 Exhibit Hall Hours 11:00 am – 6:30 pm

Wednesday, May 7 Opening Reception..... 7:00 pm – 10:00 pm

Thursday, May 8 Exhibit Hall Hours..... 11:00 am – 6:30 pm

Thursday, May 8 AACDCF Fundraiser..... 8:00 pm – 11:00 pm

Friday, May 9 Exhibit Hall Hours 11:00 am – 6:00 pm

Friday, May 9 Celebration of Excellence gala 7:00 pm – 11:30 pm

2. Contact Information

Contact Name: _____

Daytime Phone: _____

E-Mail Address: _____

Company / Affiliation: _____

Address to Receive Correspondence: _____

City: _____ State: _____ Zip: _____

On-Site Contact Name: _____

Cell Number: _____

3. Please complete a separate form for each function. (Copy as necessary)

*Complete function name is required, as it will be used
in all correspondence with facility for identification purposes.*

Type of Function: Business Meeting BOD/Exec Com Meeting Social Function

Official Function Name: _____

Day / Date: 1st Choice Date _____ Start Time From: _____ To: _____

2nd Choice Date _____ Start Time From: _____ To: _____

Function Location: _____

Expected Attendance: _____

Is there a square footage minimum required: Yes _____ No _____
(please specify space needed)

*You will be responsible for contacting the hotel to set up billing arrangements,
as well as food, beverage and Audiovisual needs.
A contact name and number will be forwarded to you
after your function space has been approved and assigned.*

Please Return Completed Form by March 3, 2008 via fax **(608) 222-9540** or e-mail **staceyb@aacd.com**
****NOTE: Function space will not be assigned during any AACD Sponsored events.**