



# AACD 2009 EXHIBIT BOOTH SPACE CONTRACT

Exhibition Dates: April 28-30, 2009

Hawaii Convention Center

• HONOLULU, HI •

**IMPORTANT:**

All signed contracts must be submitted with a 50% booth rental deposit to AACD. All contracts received after January 30, 2009 must be paid in full. Submit contract to:

AACD EXHIBITS, ATTN: CAROL SCHWICKRATH  
5401 World Dairy Drive, Madison, WI 53718  
Fax 608.222.9540

**COMPANY INFORMATION** *(Exactly as it is to be listed in the program book.)*

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Web site: \_\_\_\_\_

Phone: \_\_\_\_\_ Toll Free: \_\_\_\_\_ Fax: \_\_\_\_\_

Exhibitor Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

**BOOTH SELECTION** *(please make 4 booth selections in DIFFERENT locations of the hall)*

**All booth dimensions are 10 ft. X 10 ft.**

1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_ 4th Choice \_\_\_\_\_

The Exhibitor does not wish to be in proximity of the following companies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Prime corner booth(s) ..... @ \$3,000 = \$ \_\_\_\_\_

\_\_\_\_\_ Prime inline booth(s) ..... @ \$2,700 = \$ \_\_\_\_\_

\_\_\_\_\_ Non-prime corner booth(s) ..... @ \$2,800 = \$ \_\_\_\_\_

\_\_\_\_\_ Non-prime inline booth(s) ..... @ \$2,500 = \$ \_\_\_\_\_

**Total \$** \_\_\_\_\_

**50% Deposit \$** \_\_\_\_\_

**Balance Due \$** \_\_\_\_\_

**EXHIBITOR PRODUCT CODES** *(Please select four products from the list supplied on the back of this form.)*

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

All companies applying for exhibit space must complete and submit an application. The AACD will not process the application until the appropriate deposit is received.

At this time, we agree to pay \$ \_\_\_\_\_ (USD) representing a deposit\* of \_\_\_\_\_ % of the total cost of booth space rental to reserve this space. We also agree to remit the remaining balance in full on or before January 30, 2009. *(\*Minimum deposit is 50% of total rental.)*

**METHOD OF PAYMENT:**

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Credit card # \_\_\_\_\_ Exp date: \_\_\_\_\_ Card Security Code: \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

I/We have read and will abide by all provisions, terms and conditions published in the 2009 Exhibitor Prospectus, which the undersigned applicant agrees is part of this contract for booth space.

\_\_\_\_\_  
*Authorized Signature/Title* Date: \_\_\_\_\_

**For AACD Use Only:** Date Rec'd. \_\_\_\_\_ Time Rec'd. \_\_\_\_\_ Booth Assigned \_\_\_\_\_

White Copy - AACD

Yellow Copy - EXHIBITOR

## AACD PRODUCTS

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- ABRASIVES
- ADHESION
- ADVERTISING AGENCY
- AIR ABRASION
- ALLOYS
- APPOINTMENT REMINDER SYSTEM
- ARTICULATORS
- ASSOCIATION
- BLEACHING
- BONDING
- BURS
- CAD/CAM
- CAMERAS
- CAMERAS-  
EXTRA ORAL DIGITAL
- CAMERAS-INTRA ORAL
- CEMENTS
- COMPOSITES
- COMPUTER IMAGING
- COMPUTER SOFTWARE
- CREDIT CARD PROCESSING
- CURING
- DENTAL LABORATORY
- DIGITAL RADIOGRAPHY
- DISPOSABLE PRODUCTS
- EDUCATION/TRAINING
- FINANCIAL SERVICES
- HANDPIECES
- IMPLANTS
- IMPRESSION MATERIALS
- INFECTION CONTROL
- INSTRUMENTS
- INTERNET MARKETING
- LABORATORY INSTRUMENTS
- LASERS
- LIGHTS
- LOUPES
- MICROSCOPES
- OCCLUSION
- OFFICE SUPPLIES/DESIGN
- ORAL CANCER SCREENING
- ORAL HYGIENE
- PATIENT EDUCATION
- PHOTOGRAPHY
- POLISHERS
- POLISHING SYSTEMS
- PORCELAIN SYSTEMS
- PORCELAINS
- PORTABLE LED LIGHT
- POSTS
- POWER TOOTHBRUSHES
- PRACTICE MANAGEMENT
- PRACTICE MARKETING
- PROFESSIONAL MANAGEMENT
- PROSTHODONTIC AIDS
- PUBLICATIONS
- REFERRAL SERVICE
- REFINING
- RESINS
- RESTORATIVE MATERIALS
- SHADE GUIDES
- SKIN CARE
- SPECIALTY PRODUCTS
- STERILIZATION
- SUPPLY
- TEETH
- WEB SITES
- WHITENING
- X-RAY EQUIPMENT
- OTHER\_\_\_\_\_