

EXHIBIT SPACE APPLICATION AND CONTRACT

Mohegan Sun Casino and Resort; Uncasville, CT

 Event Dates: July 18 to 20, 2019 • Save time and visit www.agd2019.org to apply for a booth

Exhibits Contact Information

 Carmela Barhany, Manager, Corporate Relations carmela.barhany@agd.org
 560 W. Lake St., Sixth Floor
 Chicago, IL 60661-6600
 p. 312-440-4355

Rental Fees

 10'x10' in line: \$2,900
 10'x10' corner: \$3,100

 Contact carmela.barhany@agd.org for additional sizes.

Nonprofit rate: Contact Carmela Barhany, Manager, Corporate Relations.

Booth Assignments

 AGD Corporate Sponsors and Affinity Partners will be placed first. After Oct. 15, 2018 booths will be assigned on a first-come, first-served basis. **In order to be assigned a booth space, exhibitors must submit Page 2 of this application.**

Payment Schedule and Cancellation Policies

In order to receive a space assignment, exhibitors must include a check or credit card information with their application.

All cancellations must be made in writing.

Booths canceled before Jan. 1, 2019, are subject to a \$250 cancellation fee.

Cancellations received between Jan. 1 and April 5, 2019, are eligible for a 50 percent refund of the total booth cost.

No cancellations or refunds will be provided after April 5, 2019.

Exhibiting Company Information

(To be published in all AGD materials)

Company

Address

City State/province ZIP/postal code

Website Phone number (toll-free)

Key Contact Information

(For internal use only)

Name (key exhibit contact) Title

Company

Address

City State/province ZIP/postal code

Email Phone number

Non-endorsement

The exhibiting of products at any Scientific Session or with any exhibit hall vendor of the AGD does not necessarily constitute endorsement by the AGD of the products or services so exhibited.

AGD Approval

If this Application and Contract is approved by AGD in writing, it shall constitute a contract between the Exhibitor identified above and the AGD. All Rules and Regulations as outlined in this Application and Contract, by the Mohegan Sun Casino and Resort, and the AGD established by AGD for governing exhibitors are accepted upon signature by the Exhibitor (regardless of format or method of signature) and made part of this Application and Contract. Exhibitor certifies that all information provided to AGD regarding its goods and services is accurate and truthful and that if such information is determined by AGD not to be the same both at the time of this Application and Contract and at any time thereafter, AGD may terminate this Application and Contract immediately and without refund of any fees paid by Exhibitor. AGD reserves the right to exclude any exhibitor whose products or services are deemed by AGD to be not in keeping with the character of the event. No skin care companies are permitted to exhibit. All exhibitors must have a company website.

Authorized signature (required)

Date

AGD Foundation

 Interested in donation: ☐ Yes ☐ No Interested in donating a gift for the silent auction: ☐ Yes ☐ No

Name

Phone number

Email

Booth Request

Number of Booths

10'x10'

10'x20'

 Corner requested (\$200 charge): ☐ Yes ☐ No

Booth Location Preference

 Position our exhibit **far from** (companies):

 Position our exhibit **close to** (companies):

Payment

Full Booth Rental Fee: \$

☐ Visa ☐ MasterCard ☐ American Express

Card No.

Expiration date

Cardholder name (please print)

Cardholder's signature

Check No. (Payable to Academy of General Dentistry)

Submit application with payment information to:

 Carmela Barhany, Manager, Corporate Relations
 Academy of General Dentistry
 560 W. Lake St., Sixth Floor
 Chicago, IL 60661-6600

Web Listing

Please provide a description of your company's products and services. 50 word max.:

AGD2019 SPONSORSHIP APPLICATION

 Company Name

 Key Contact

 Title

 Address

 City

 State/province

 ZIP/postal code

 Email

 Phone number

☐ Diamond Sponsor \$50,000

☐ Platinum Sponsor \$35,000

☐ Gold Sponsor \$20,000

A La Carte Opportunities

☐ Keynote Session - \$10,000

☐ President's Welcome Reception - \$15,000

☐ SAMI The Robot - \$9,000

☐ Facebook Live - \$10,000 per day, \$18,000
for two days, \$25,000 for three days

☐ Hotel Room Keys - \$10,000

☐ Lanyards - SOLD

☐ Full-page meeting program ad - \$2,000

☐ Mobile App Banner Ad - \$2,000

☐ Pens - \$7,500

☐ Notebook/Pen Combo - \$15,000

☐ Charging Stations - Call for pricing

☐ e-Poster Session - \$7,500

☐ Tote Bags - SOLD

☐ Tote Bag Inserts - \$2,500 each

☐ Exhibit Hall Lunch (Food Vouchers) -
\$2,000 + cost of vouchers

☐ Course Sponsor - \$4,000

☐ Learning Labs - \$2,500

☐ New Dentist Lounge - Call for pricing

☐ Exhibit Hall Break (Coffee/Snack Station)
Call for pricing

☐ Hotel and Exhibit Hall Signage
Call for pricing

☐ Massage Station - Call for pricing

☐ Hand Purification Station - Call for pricing

☐ Advertising on Hotel TV Network -
Call for pricing

Please type or print clearly, completing all sections and return the completed document to Carmela Barhany at Carmela.barhany@agd.org. AGD will provide an invoice upon receipt of this application. Payment is required in full before sponsorship benefits begin. Questions? Call 312.440.4355.

Credit Card Billing Information:

 Name on card

 Billing address

 City

 State/province

 ZIP/postal code

 Type of card

 Exp Date

 Authorized amount of one time charge:

Authorization:

 Signature

 Print Name

 Date

Terms and Conditions

Payment: Under the terms of this application, the sponsor agrees to pay the total fee within 30 days of receipt of an invoice.

Cancellation Policy: Any sponsor who cancels all or part of purchased sponsorship prior to October 1, 2018 shall receive a full refund, less a \$250 administrative fee. Any sponsor who cancels all or part of purchased sponsorship between October 1 and November 1, 2018 will receive a 50% refund. No cancellation of sponsorship will be accepted or refunds made after November 1, 2018. Cancellation requests must be submitted in writing to carmela.barhany@agd.org.

I have read and agree to the terms of this contract.

 Signature

 Print Name

 Date