



2017 EXHIBITOR CONTRACT

COX BUSINESS CENTER TULSA

Exhibitor Information: This information will be used for all ODA promotional pieces. Please print clearly or type.

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Pre-Meeting Correspondence

Contact Name: _____

Email: _____

Phone #: _____

Onsite Booth Representative

Contact Name: _____

Email: _____

Phone #: _____

*To avoid placing competitors near one another, please check the types of products and/or services you will exhibit.

Check all that apply:

- | | | | | |
|---------------------------------------|--|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Dental Supplies | <input type="checkbox"/> Drugs | <input type="checkbox"/> Financial | <input type="checkbox"/> Instruments |
| <input type="checkbox"/> Toothbrushes | <input type="checkbox"/> Dental Equipment | <input type="checkbox"/> Technology | <input type="checkbox"/> Management | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Other (Please specify): _____ | | | |

**The ODA will make every effort to avoid placing competitors near one another, but cannot make any guarantees.*

Booth Preferences*

Every attempt to honor booth location preferences will be made. However, by listing a preference here, no specific location is guaranteed.

Adjacent to: _____

Remote from: _____

Please reserve _____ (#) exhibit booth(s) at the 2017 Oklahoma Dental Association Meeting. Listed below are our preferred booth locations to be considered for booth assignment; however, it is understood that by listing our preferences, we are not guaranteed a preferred location.

- | | |
|-----------------------|-----------------------|
| 1 st _____ | 4 th _____ |
| 2 nd _____ | 5 th _____ |
| 3 rd _____ | 6 th _____ |

Name Badges

Please list all company representatives who will staff your booth during the 2017 ODA meeting. Please print clearly. This list will be used to prepare name badges. If you need more than eight badges, please attach an additional sheet.

Badge #1: _____

Badge #2: _____

Badge #3: _____

Badge #4: _____

Badge #5: _____

Badge #6: _____

Badge #7: _____

Badge #8: _____

**Booth assignments are made based on the Exhibitor Point System outlined on page 7. Exhibitors will be notified of booth assignments by email.*

EXHIBIT HALL

Check all that apply (Page 3)

Basic Exhibit Booth Space

Purchased on or before January 31, 2017 _____ x \$927* = _____

Purchased on or after February 1, 2017 _____ x \$1,037 = _____

Premium Exhibit Booth Space

Purchased on or before January 31, 2017 _____ x \$1,052* = _____

President's Dinner Tickets

_____ x \$75 = _____

MARKETING OPPORTUNITIES

Check all that apply (Page 5)

ODA Bingo! Game - \$200

Bundle Package (advertisement & promo piece) - \$400

Advertising (please specify publication and size)

Registration Packet - Full \$708 Half \$397 Quarter \$302

Event Program - Full \$708 Half \$397 Quarter \$302

ODA Annual Meeting Mobile App (page 6)

Featured Exhibitor - \$300

Custom Push Notification - \$300

Custom Promoted Post - \$300

Total Payment

Total Exhibit Booth \$ _____

Total Marketing \$ _____

Total Sponsorships \$ _____

Total Amount Due \$ _____

* Completed contract and full payment must be postmarked or faxed by January 31, 2017, to be eligible for this rate.

PAYMENT METHOD

CHECK made payable to the **Oklahoma Dental Association**

Amount of Check: \$ _____ Check #: _____

CREDIT CARD charge payment in full to the credit card listed below.

Total Amount: \$ _____

Visa MasterCard Discover American Express

Credit Card #: _____

Expiration Date: _____ / _____ CVV Code: _____

Name of Cardholder (please print): _____

Signature of Card Holder: _____

Billing Zip Code: _____

The ODA will consider only those contracts that are completed, signed and accompanied with payment. Partial payments are not accepted.

QUESTIONS?

Contact the ODA at exhibits@okda.org or 405.848.8873.

ODA Office Only

Booth Assignment #(s): _____

Payment Record Check#/CC: _____

Contract Accepted By: _____

Oklahoma Dental Association Executive Director

SPONSORSHIPS*

Check all that apply (Page 4)

Table Sponsor - please specify _____

Overnight Newsletters

ODA Past Presidents' Luncheon

Exhibit Hall Reception

~~Welcome Reception - Sold~~

Annual Meeting Program

~~Annual Meeting Registration Packet - Sold~~

Registration Bags

~~Hotel Key Cards - Sold~~

ODA House of Delegates Meeting

Annual Meeting App

Nametag Lanyards

ODA President's Dinner

Premium sponsor

Entertainment sponsor

CONTINUING EDUCATION SPONSORSHIPS

Gordon J. Christensen, DDS, MSD, PhD

Dentistry is a Team Event (Opening Session)

The Christensen Bottom Line 2017

Patti DiGangi, RDH, BS

Tides of Change-Practicing in a Digital World

Connecting the Dots-A Gingivitis Code, Finally!

Patrick J. Sammon, PhD

Prescription Drug Abuse

New Face of Drug Abuse

~~Barry Goldenberg, DDS - Sold~~

~~The Complete Arch Rehabilitation with Implants:~~

~~Prosthodontic and Laboratory Principles~~

AGREEMENT

We agree to comply with all of the rules and provisions listed in this Exhibitor Prospectus. We understand that failure to comply with these rules and provisions will result in cancellation of this contract without refund. This becomes a contract when signed by the Oklahoma Dental Association.

Signature of Authorized Company Representative

Date

RETURN CONTRACT

By Fax: 405.848.8875

By Mail: Oklahoma Dental Association

Attn: Exhibits Coordinator

317 NE 13th Street

Oklahoma City, OK 73104