

2022 EXHIBITOR CONTRACT

OKC CONVENTION CENTER | APRIL 1, 2022

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

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

PRE-MEETING CORRESPONDENCE

Contact Name: _____

Email: _____

Phone #: _____

ON-SITE 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:

- Laboratory
- Dental Supplies
- Pharmaceuticals
- Financial
- Instruments
- Toothbrushes
- Dental Equipment
- Technology
- Management
- Manufacturer
- Distributor
- 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 2022 Oklahoma Dental Association Meeting. Listed below are our preferred booth location(s) to be considered for booth assignment; however, it is understood that by listing our preferences, we are not guaranteed a preferred location.

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

Name Badges

Please list all company representatives who will staff your booth during the 2022 ODA Annual 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 3.

EXHIBIT HALL Check all that apply (Page 3)

BASIC EXHIBIT BOOTH SPACE

Purchased on or before January 31, 2022 _____ x \$1,075* = _____

Purchased on or after February 1, 2022 _____ x \$1,155 = _____

PREMIUM EXHIBIT BOOTH SPACE

Purchased on or before January 31, 2022 _____ x \$1,195* = _____

PRESIDENT'S PARTY TICKETS

Purchased on or before January 31, 2022 _____ x \$50* = _____

Purchased on or after February 1, 2022 _____ x \$65 = _____

MARKETING OPPORTUNITIES Check all that apply (Page 5)

ODA Bingo! Game - \$300

Bundle Package (advertisement and promo piece) - \$450

Advertising: Annual Meeting Program (Please specify size)

Full - \$729 Half - \$408 Quarter - \$311

TOTAL PAYMENT

Total Exhibit Booths \$ _____

Total Marketing \$ _____

Total Sponsorships \$ _____

Total Amount Due \$ _____

*Completed contract and full payment must be postmarked or faxed and payment received in full by January 31, 2022, to be eligible for this rate.

SPONSORSHIPS Check all that apply (Page 6)

Registration Bags

ODA Past Presidents' Lunch

Overnight Newsletters

Annual Meeting Registration Brochure

ODA House of Delegates Meeting

ODA President's Party.

Premium Sponsor

Entertainment Sponsor

Themed Drink Sponsor

Annual Meeting Program

Nametag Lanyards

Hotel Key Cards

ODA Welcome Reception

Exhibit Hall Morning Mixer

ODA Happy Hour

CONTINUING EDUCATION SPONSORSHIPS

Jill Donovan

Opening Session

Troy Schmedding, DDS, AAACD

Minimally Invasive Posterior Preparations & Temporization with Final Restorative Material Choices

Decision Making on Selection as well as Cementation Protocols for Today's Indirect Restorative Materials

Karen Davis, RDH, BSDH

Executing the Ultimate Doctor-Patient Hygiene Exam

Jessica K. Hsieh, DDS, MDSc, FACP

Digital Dental Photography - Level 1 (Hands-On)

Digital Dental Photography - Level 2 (Hands-On)

Suzanne Ebert, DMD

Prepare for a Successful Practice Transition

Clint Stevens, DDS, FAGD, FICOI & Blair Bowers, DDS, MS

and Lauren Klaus, DDS, MS

Evidence-Based Dentistry: The Gap Between Theory and Practice (Stevens) & Esthetic Management of Complex Recession Defects (Bowers/Klaus)

Joshua Austin, DDS, MAGD

Differentiate Yourself: Clinical & Marketing Tips to Generate New Patients!

Stephanie Tran, DDS

Check and Fracture Management

Restoratively-Driven Endo (Hands-On)

David Sylvester II, DDS

Immediate, Full-Arch Implant Rehabilitation: Teeth in a Day. Loading Every Time.

Opioids

ODA Breakfast & Learn

Ethics

ODA Lunch & Learn

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: _____

Email for Receipt: _____

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

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

ODA OFFICE ONLY

Contract Received: _____ Batch #: _____ Batch Date: _____

Contract Accepted By: _____ Date: _____

Oklahoma Dental Association Executive Director