

2023 SSPD Annual Meeting – Grand Hyatt Atlanta, Buckhead

January 13th – 15th

AGREEMENT FOR EXHIBIT SPACE

Applicant is willing to abide by terms and regulations as indicated in Agreement. This agreement will be complete when countersigned by the Executive Director or designated member of the SSPD. Please print or type this Agreement in duplicate and return both copies. One countersigned copy will be returned to you prior to the meeting. Please provide your exhibit representative with the Agreement for their reference at the meeting. Thank you.

COMPANY NAME _____

ADDRESS _____

CONTACT PERSON _____

TITLE _____ PHONE # _____

EMAIL ADDRESS: _____

PRODUCT DESCRIPTION: _____

ONSITE REPRESENTATIVE'S NAMES:

Exhibit & Sponsorship Opportunities:

Exhibitor (\$850) 6' skirted table + 2 chairs for Friday, Saturday & Sunday ___

*Friday Morning Break Sponsorship (\$1500)

*Friday Afternoon Break Sponsorship (\$1,500)

*Saturday Morning Break Sponsorship (\$1500)

*Saturday Resident Lunch and Learn Sponsor (\$2,000)

Saturday Afternoon Break Sponsorship (\$1500)

*Saturday Cocktail Reception Sponsor (\$3500)

*Sunday Breakfast Sponsorship (\$1500)

* Includes contact info in members packet, recognition signage, preferential positioning with exhibit table and chairs.

\$ _____ TOTAL COST OF ABOVE UNITS

\$ _____ PAID IN FULL ON _____, 2023

REQUIREMENTS: ELECTICAL OUTLETS? _____ # _____

OTHER (please describe) _____

ACCEPTANCE:

Authorized signature denoting acceptance of AGREEMENT:

For Company: _____

Date: _____

MAIL BOTH COPIES AND APPROPRIATE FEE TO or REGISTER ONLINE WWW.SSPD.ORG

SOUTHEASTERN SOCIETY OF PEDIATRIC DENTISTRY

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