

**Mid-Peninsula Dental Society**  
**220 Main Street Suite 208A, Los Altos, 94022**  
**Phone 650-328-2242 Fax 650-331-0541**  
**2019 Continuing Education Meeting Schedule**  
**EXHIBITOR / SPONSOR CONTRACT**

COMPANY NAME \_\_\_\_\_  
 YOUR NAME \_\_\_\_\_ EMAIL \_\_\_\_\_  
 COMPANY ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP CODE \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ EMAIL LOCAL REP: \_\_\_\_\_ FAX \_\_\_\_\_  
 NAME(S) OF REPRESENTATIVE(S) ATTENDING MEETING \_\_\_\_\_  
 PRODUCT AND/OR SERVICES EXHIBITNG \_\_\_\_\_

<p><b>Sponsors:</b>  <b>All Exhibitors Benefits</b>  <b>Company name on all event mailings</b>  <b>Opportunity to speak for 5 minutes at meeting</b>  <b>Plus special recognition as a SPONSOR</b>  <b>Meal for two representatives</b></p>	<p><b>Exhibitors:</b>  <b>One Table Exhibitor Space</b>  <b>Verbal Recognition from Podium</b>  <b>Meal for one representative</b>  <b>Listing on a poster at the meeting</b></p>
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**WE WOULD LIKE TO BE AN EXHIBITOR OR SPONSOR AT THE FOLLOWING MPDS MEETINGS:**  
*Please check appropriate programs & indicate whether you wish to be an Exhibitor or a Sponsor*

<p>  <b>Friday, March 22nd</b>          "Oral Surgery Roundtable"          Speakers: MPDS Oral Surgeons</p>	<p><b>7:30-1:00 PM</b>          Crowne Plaza          4290 El Camino Real, Palo Alto</p>	<p><b>Exhibitor</b>            <b>\$350</b></p>	<p><b>Sponsor</b>            <b>\$650</b></p>
<p><i>*Please let me know if it is acceptable to donate \$25 from your payment towards a gift card for our raffle for this meeting.</i></p>	<p><b>\$25 Gift Card</b></p>	<p><b>YES</b></p>	<p><b>NO</b></p>
<p>  <b>Thursday, April 11th</b>          "Managing Conflict and Difficult People in Your Dental Practice"          Speaker: Steve Swafford</p>	<p><b>5:30-8:30 PM</b>          Crowne Plaza          4290 El Camino Real, Palo Alto</p>	<p><b>Exhibitor</b>            <b>\$350</b></p>	<p><b>Sponsor</b>            <b>\$600</b></p>
<p><i>*Please let me know if it is acceptable to donate \$25 from your payment towards a gift card for our raffle for this meeting.</i></p>	<p><b>\$25 Gift Card</b></p>	<p><b>YES</b></p>	<p><b>NO</b></p>
<p>  <b>Friday, October 4th</b>          "Prosthodontic Roundtable"          Speakers: MPDS Prosthodontists</p>	<p><b>7:30-12:30 PM</b>          Crowne Plaza          4290 El Camino Real, Palo Alto</p>	<p><b>Exhibitor</b>            <b>\$350</b></p>	<p><b>Sponsor</b>            <b>\$600</b></p>
<p><i>*Please let me know if it is acceptable to donate \$25 from your payment towards a gift card for our raffle for this meeting.</i></p>	<p><b>\$25 Gift Card</b></p>	<p><b>YES</b></p>	<p><b>NO</b></p>

***All 3 meetings pre-paid @ 15% discount = \$892.50***

**Add \$45 fee per person, per program, other than yourself and 1 additional representative**  
**Additional person(s) for which we are buying a meal \_\_\_\_\_**

**TOTAL FEE FOR 2019 \$ \_\_\_\_\_**

NAMES OF ALL ATTENDEES FOR NAME TAGS \_\_\_\_\_

DO YOU NEED AN ELECTRICAL OUTLET AVAILABLE AT YOUR TABLE YES \_\_\_\_\_ NO \_\_\_\_\_

*NOTE: Exhibitor/Sponsor acknowledges that payments are non-refundable and non-transferable for any reason and at any time. In order for your company to obtain maximum publicity, the Society's office needs to receive payment two months prior to meeting dates. Until we are in receipt of this signed contract and payment in our office, the above marked dates will not be officially confirmed.*

**EXHIBITOR/SPONSOR SIGNATURE (required)** \_\_\_\_\_

Please return contract as soon as possible. There is a limit to the number of exhibitor spaces at each meeting.

**THANK YOU FOR YOUR SUPPORT!**

MAIL TO: MPDS, 220 Main St. STE 208A OR FAX 650/331-0541

I have indicated above the CE Programs for which I wish to be an Exhibitor/Sponsor

| Enclosed is a check for \$ \_\_\_\_\_ made payable to MPDS