

ASDA ANNUAL SCIENTIFIC SESSION & GENERAL ASSEMBLY OF MEMBERS MEETING



All exhibitors are provided with:

1. One (1) 6 ft. draped table, two chairs, one (1) wastepaper basket.
2. Electrical outlets will be available in the exhibit area. Additional extension cords/electrical strips are the responsibility of each exhibitor.
3. Listing of pre-registrants.
4. Complimentary continental breakfasts and lunches.
5. Complimentary admittance to scientific sessions.

Table top exhibit (1, 6' table w/drape)

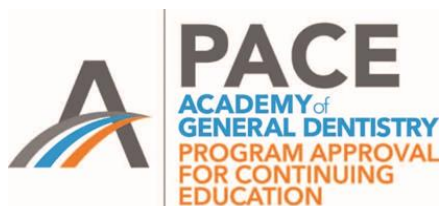
\$800 for 1½ days

ADA C.E.R.P.[®] | Continuing Education Recognition Program

ASDA is an ADA CERP Provider of Continuing Education

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/cerp.



American Society of Dentist Anesthesiologists
Nationally Approved PACE Program
Provider for FAGD/MAGD credit
Approval does not imply acceptance by
any regulatory authority or AGD endorsement
From 3/1/2018 - 2/28/2021
AGD Provider ID # 303570



**American Society of
Dentist Anesthesiologists**

APPLICATION/CONTRACT FOR CORPORATE EXHIBITOR

*****Please type or print clearly*****

Complete all sections and return with your full payment to the American Society of Dentist Anesthesiologists, Attn: Erin Baker, ASDA Executive Director, 956 S Bartlett Rd #119, Bartlett IL, 60103. Phone (630) 242-8940; Fax (331) 215-6109. Space cannot be reserved without full payment. No refunds or cancellations without 30 days written notice. Please contact Erin Baker, ASDA Executive Director, at (630) 242-8940 with any questions.

The exhibitor agrees to abide by all rules, requirements, restrictions and regulations designated by the American Society of Dentist Anesthesiologists and The Palmer House.

EXHIBITOR INFORMATION

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Contact Person _____

Submitted by _____

PAYMENT OPTIONS

Check (make payable to American Society of Dentist Anesthesiologists) _____

Visa _____ **MasterCard** _____ **Amount \$** _____

Card Number _____

Exp. Date _____ **3-digit CVV code:** _____

Signature _____