

**2015 WILLAM F SLAGLE DENTAL MEETING
EXHIBITOR CONTRACT AGREEMENT FOR BOOTH SPACE
MARCH 6-8, 2015 HILTON HOTEL, MEMPHIS, TN**

Please print or type your company name as it should appear in the program

Name of Company _____

Street _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Email _____

Please list the two (2) representatives assigned to attend the booth:

1. _____

2. _____

The undersigned hereby authorizes the William F Slagle Dental Meeting Planning Committee to reserve exhibit space for use by the above-named company during the 2015 William F Slagle Dental Meeting. We further agree to the following statements:

1. Assignment of space will be made by the William F Slagle Dental Meeting.
2. Payment in full (\$700.00) is enclosed or a nonrefundable deposit of \$100.00 with full payment made before December 13, 2013. No refunds will be made for any cancellation. (Null if \$2500.00 or above sponsor.) **Early Bird Registration - \$650.00. Must register by 11/30/14**
3. The space purchased shall constitute the sole display area to be used by said exhibitor in Memphis during the Meeting. This provision applies to aisle space in the exhibit hall, hotel rooms, or other public service rooms not connected with the Exhibition Area. This space will be used solely by said exhibitor and will not be shared with any other company or vendor.
4. Conduct of business by exhibitors is to be conducted in a proper and professional manner.
5. The William F Slagle Dental Meeting shall not assume responsibility for damage or loss of any merchandise or articles brought into the hotel.

If you wish to donate a prize(s) for exhibit drawing, please list the prize(s) below:

Return all material to:

Diane S. Weber, Office of Clinical Affairs
University of Tennessee Health Science Center
College of Dentistry
875 Union Ave, Rm C209
Memphis, TN 38163

Signature _____

Title _____

Date _____