

**TO: ALL NON-DENTAL SUPPLY EXHIBITORS**

**Subject: Invitation to Our Annual Charity Dental Conference**

We would like to extend an invitation to participate as an Exhibitor at our:

**22<sup>nd</sup> Annual Dentists Who Care Charity Dental Conference**

**OCTOBER 26 - 27, 2018**

**Isla Grand Beach Resort (South Padre Island, TX)**

**EXHIBITOR SPACE CONTRACT**

- **The cost is \$350 per booth. This includes ONE six-foot table, TWO chairs, a tablecloth and an electrical hook up (please bring your own extension cord).**
- All contracts and payments are due by **Friday, September 28, 2018.**
- Credit cards and checks are accepted. Please make checks payable to: **Dentists Who Care, Inc.**
- Credit card information can be provided by mail, phone, e-mail or fax.  
Dentists Who Care, Inc. Office: (956) 318-3383  
3501 Moreland Dr., Ste. G Fax: (956) 467-4776  
Weslaco, TX 78596  
E-mail: [dentistwhocaresmile@yahoo.com](mailto:dentistwhocaresmile@yahoo.com)
- A copy of your contract and a confirmation will be returned to you as booth space is confirmed.
- **Please Note:** Vendors will not be allowed to ship items more than three (3) days prior to event.

***Attention: A donation of a silent auction item is appreciated. The item can be in the form of: dental usage, small appliance, gift basket or gift card. Thank you for your support!***

**Agreement:**

By execution of this agreement, Exhibitor agrees to lease space at the **Dentists Who Care, Inc., 22<sup>nd</sup> Annual Charity Dental Conference** on South Padre Island, TX, for a term beginning on **Thursday, October 25, 2018 and ending Saturday, October 27, 2018** at 12:30 pm. Exhibitor set-up begins on Thursday, October 25, 2018 at 1:00 p.m. and ends at 5:00 p.m. Security is provided by hotel and the exhibitor hall is locked every night.

Authorized By: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**Dentists Who Care, Inc.**

Type of Card: \_\_\_\_\_ Card No.: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**EXHIBITOR SPACE INFORMATION**

**Please Print: List company name exactly as you wish for it to appear on printed conference material.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**List below the person who should receive all future instructions and exhibit information.**

Booth Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**List below the person(s) who will be representing your company at the conference. Please print name just as you want it to appear on nametag.**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Please list below the item(s) that will be donated for our Silent Auction. Thank you!**

\_\_\_\_\_  
\_\_\_\_\_

**LIST OF EXHIBITORS.** We will have a card with all the exhibitors listed that will be given to each attendee. They are asked to have each exhibitor sign next to his/her name. When complete, the attendee will be eligible to place in a drawing for a prize at the end of the conference.

**For more information, please contact:**

**Jim Solis  
Program Director  
Dentists Who Care**

Office: (956) 318-3383  
Fax: (956) 467-4776