

2024-2025 Continuing Education: Exhibitor Contract

We understand that by signing this contract and forwarding payment (\$1,100 for each full-day CE meeting or discounted \$1,000 for all six (6) meetings), we are confirmed for participation. There will be no refunds for cancellations made less than 60 days in advance of the event date.

All fees must be paid at the time of exhibitor registration.

Please email the form to ematlock@nvds.org

You can also fax the form to 703 750-2261 or mail to:

Northern Virginia Dental Society, 4330 Evergreen Ln, Ste N, Annandale, VA 22003-3259

Registration will be confirmed by email.

Please select your meeting(s):

___ All 6 Meetings* __ 11/8/2024 __ 12/13/2024 __ 2/28/2025 __ 3/14/2025 __ 4/25/2025 __ 6/6/2025

COMPANY NAME

NAME OF CONTACT PERSON

CONTACT EMAIL ADDRESS

BUSINESS PHONE

FAX NUMBER

_____ ENCLOSED IS OUR CHECK (MAKE PAYABLE TO NVDS)

TOTAL AMOUNT \$ _____

OR

CREDIT CARD NUMBER

NAME ON CARD

EXPIRATION DATE

SECURITY CODE

BILLING ZIP CODE

NAME OF COMPANY TO BE USED ON MEETING ADVERTISING MATERIALS (IF DIFFERENT THAN ABOVE)

SIGNATURE

PLEASE BE ADVISED THAT ALL EXHIBITORS ARE LIMITED TO TWO (2) REPRESENTATIVES AT EACH PROGRAM.

#1 - _____
NAME & EMAIL OF REPRESENTATIVE ATTENDING THE CE MEETING

#2 - _____
NAME & EMAIL OF REPRESENTATIVE ATTENDING THE CE MEETING