

**Exhibitor Agreement
2015 Fall Forum
Friday, October 23, 2015
Holiday Inn Portland South, Wilsonville, Oregon**

Register online at www.oregondentalexecutives.org or complete the form and mail/fax with payment.

By completing this form, I acknowledge the cancellation policy.

Company Name (exactly for event listing purposes): _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Exhibit Representatives

Meals and snacks are provided for one exhibit representative per exhibit space, additional can be purchased below.

Representative(s) Name(s): _____

EXHIBITS

MEMBER

NON MEMBER

_____ Exhibit Space

\$350 each (30% savings)

\$500 each

_____ Additional Exhibit Rep.

\$75 each

\$75 each

Due from Exhibit Booth \$ _____

Due from Additional Exhibitor (\$75) \$ _____

Please Provide Power at Booth (\$25) \$ _____

Total Amount Due \$ _____

Additional Opportunities

I will bring a door prize and take the opportunity to introduce myself during the drawing.

PAYMENT OPTIONS

Check (Payable to ODEA)

Credit Card (email me invoice)

Billing Address: _____

City: _____ State: _____ Zip: _____

PLEASE COMPLETE THIS AGREEMENT AND MAIL OR FAX WITH PAYMENT TO:

OREGON DENTAL EXECUTIVES' ASSOCIATION
3340 COMMERCIAL ST SE, SUITE 220, SALEM, OR 97302
FAX: 503-585-8547

Questions? Please contact ODEA at 866-660-0348 or info@oregondentalexecutives.org