

2025 EXHIBITOR CONTRACT

THE CORNHUSKER MARRIOTT HOTEL | APRIL 10 - 11, 2025

RETURN FORM TO: 7160 SOUTH 29TH STREET, SUITE 1, LINCOLN, NE 68516 (MAIL) • 402-476-2641 (FAX) • JODY@NEDENTAL.ORG (EMAIL)

| Company Name | name as you would like it to appear) |
|---|---|
| Address: | |
| City: | State: Zip: |
| Phone: Email | l: |
| Key Contact: | Cell: |
| Booth Selection: Booths are sold on a first-come, first-serve basis. Please review the booth layout on the NDA website at | Booth Total: # OF BOOTHS PRICE PER ITEM TOTAL |
| www.nedental.org for available booths and to ensure | Booth x \$600.00 = \$ |
| the booth you are requesting is still available. Booth #: Booth #: Booth #: | Additional lunches x \$25 each = \$ |
| Electrical: Electrical must be ordered and paid for separately through The Cornhusker Marriott Hotel. See order form in this packet and on the NDA website. | TOTAL AMOUNT DUE: \$ Payment Method: Payment in full must accompany contract! The NDA will consider only those contracts that are completed, signed, and accompanied |
| Exhibitor Personnel: | by payment. Partial payments are not accepted. |
| Please list the names of representatives who will be staffing your booth. Please print clearly as this list will be used to prepare name badges. | Check enclosed made payable to: Nebraska Dental Association American Express Discover Mastercard / VISA |
| | American Express Discover Mastercard / VISA (please circle type) |
| Badge #1 | Amount to be charged: \$ |
| Badge #2Badge #3 | Credit Card # |
| Badge #4 | Exp. Date: Security Code: |
| Badge #5 | Cardholder's Name: |
| Description of Product or Service: | Billing Address: |
| | Signature: |
| Agreement: | |
| | ssociation Annual Session and agrees to abide by the provisions of the Rules, Regulatio nformation are hereby incorporated herein by reference. Violations of this agreement wi both space and/or booth fees. No refunds after February 14, 2025. |
| Authorized Signature: | Deter |