



# EXHIBITOR PRE-REGISTRATION FORM

Complete this form and return to:

Greater New York Dental Meeting  
◆ 200 W 41<sup>st</sup> Street – Ste. 1101 ◆ New York, NY 10036  
[Carla@gnydm.com](mailto:Carla@gnydm.com)

Please indicate below where you wish badges to be sent. If you want to pick up badges at the Jacob K. Javits Convention Center, please check this box . Exhibiting firms are permitted to register up to twelve (12) representatives per booth space purchased. Exhibitors are ***not*** permitted to register guests. If these are additional names to a previously submitted pre-registration list, please check this box . Do not submit, if you are planning on pre-registering your representatives **online**. Information for online registration will be sent on separate cover.

**Please type or print legibly.** If not enough space, this form may be duplicated.

First

Last

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Company Name: \_\_\_\_\_ Booth #(s) \_\_\_\_\_

Person Submitting Form: \_\_\_\_\_ Title \_\_\_\_\_

Badges Mailed to (Name): \_\_\_\_\_ Title \_\_\_\_\_

Tel: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

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