



GREATER NEW YORK DENTAL MEETING
APPLICATION/CONTRACT FOR EXHIBIT SPACE

This form must be returned no later than:
March 15, 2023 for Seniority Assignments

GREATER NEW YORK DENTAL MEETING™

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New York, New York 10036-7203
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99th Annual Session
November 24 – November 29, 2023
Exhibit Dates:
November 26 - November 29, 2023
Jacob K. Javits Convention Center
New York City, New York

Instructions: Type or clearly print. Sign and return the original copy to the above address, with \$1,100.00 deposit per booth, made payable to the Greater New York Dental Meeting. Final payment is due on July 30. Full payment must accompany contract after August 2. Valid Certificate of Insurance is required. Full payment is required for international companies. The company name, address, city, state/country, customer service phone, fax numbers, E-mail and Website address as shown on this form are for use in the Program and Exhibit Guide.

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City, State/Country, Zip Code \_\_\_\_\_

Company Email \_\_\_\_\_ Company Website \_\_\_\_\_

Customer Service Telephone ( ) \_\_\_\_\_ Fax \_\_\_\_\_

Exhibit Contact Person \_\_\_\_\_ Email \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Advertising Contact Person \_\_\_\_\_ Email \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Sponsorship Contact Person \_\_\_\_\_ Email \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Size of Booth Space required \_\_\_\_\_ ft. deep x \_\_\_\_\_ ft. wide Total number of Booths requested \_\_\_\_\_

Indicate preference [ ] Standard [ ] Corner [ ] Island [ ] Peninsula [ ] Pavilion

Number of Booths \_\_\_\_\_ x \$1,100.00 = Total deposit enclosed \$ \_\_\_\_\_

Number of Conference Rooms \_\_\_\_\_ x \$1,100.00 = Total deposit enclosed \$ \_\_\_\_\_

Number of Executive Suites (only 4 available) \_\_\_\_\_ x \$1,400.00 = Total deposit enclosed \$ \_\_\_\_\_

Daily Conference Room \_\_\_\_\_ 10 x 10 = \$1,125.00/ Daily Conference Room \_\_\_\_\_ 10 x 20 = \$1,725.00 (before 3/15) \$ \_\_\_\_\_

Daily Conference Room \_\_\_\_\_ 10 x 10 = \$1,180.00/ Daily Conference Room \_\_\_\_\_ 10 x 20 = \$1,815.00 (after 3/15) \$ \_\_\_\_\_

APPLICATIONS RECEIVED WITHOUT DEPOSIT OR FULL PAYMENT PER BOOTH WILL NOT BE PROCESSED.

If possible, we do not wish to be next to or across from: \_\_\_\_\_

Provide a brief description of primary products and/or services: \_\_\_\_\_

PRODUCT CLASSIFICATION: From the classification listing on the reverse side of this application/contract, select the appropriate code numbers for the categories which best describe your products/services. Indicate code for each product description in the space below up to your maximum (See reverse side). Every effort will be made to include company name, company information and product listings on its website and any potential publications, for all applications received prior to September 1st.

- 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_
6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_
11. \_\_\_\_\_ 12. \_\_\_\_\_ 13. \_\_\_\_\_ 14. \_\_\_\_\_ 15. \_\_\_\_\_

THE GREATER NEW YORK DENTAL MEETING DOES NOT ASSUME ANY LIABILITY OR RESPONSIBILITY FOR ANY TYPOGRAPHICAL ERRORS, OMISSIONS OR INACCURACIES OF ANY KIND IN ANY OF ITS PUBLICATIONS.

WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS GOVERNING THE MEETING AS PUBLISHED IN THE 2023 EXHIBITORS' PROSPECTUS, WHICH ARE A PART OF THIS CONTRACT AS IF PUBLISHED HEREIN.

AUTHORIZED SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT FULL NAME \_\_\_\_\_