



# New Products Pavilion

*Complimentary for Exhibitors only*

**Please Print neatly or Type:**

Contact Name \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Telephone \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_ Website: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Booth # \_\_\_\_\_

**Product Information:**

Product Name \_\_\_\_\_

Brief description of product for use in our publications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this form with your intent to participate and return before September 15, 2023:

**Greater New York Dental Meeting**

200 W 41<sup>st</sup> Street, Suite 1101/New York, NY 10036  
Phone: (212) 398-6922 / Fax: (212) 398-6934

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