

A completed Contract includes the Addendum on reverse side

# EXHIBITOR/SPONSOR CONTRACT

## 2010 DFW Southwest Conference and Expo

March 26-28, 2010  
Omni Mandalay Hotel in Las Colinas ♦ Irving, Texas



Please print all information front and back, except where reserved for The Dental Laboratory Association of Texas/DLAT. You must sign, date, and send with check payable to DLAT to the address below.

1. DLAT will provide an exhibit area in the hotel. Please select booth space size:

- 6 ft x 8 ft Tabletop, 1 draped table and 2 chairs \$875.00
- Booth, 8 ft x 10 ft 2 draped tables and 2 chairs \$950.00
- Booth, 6 or 8 ft x 12 ft with 2 draped tables and 2 chairs \$975.00

2. Exhibitor understands payment is due in full when this signed contract is submitted to the DLAT Executive Director, which is requested by March 6, 2010, to reserve space. Reservations are on a first come basis.

3. Exhibitor understands there are additional charges for special decorations, shipping, and storage and handling as described in the Exhibitor Information.

4. Exhibitor understands it is limited to products and services used and/or are useful in dental laboratory services. The DLAT Executive Director is the final determiner as to whether the Exhibitor adheres to this rule.

5. Exhibitor agrees to accept a space assignment other than choices indicated in the event the spaces are unavailable or are in conflict with previously assigned adjacent exhibitors and that DLAT reserves the prerogative to move an exhibitor to improve the appearance of the show. Please indicate booth choices:

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

6. Exhibitor may cancel the Exhibitor/Sponsor Contract and receive a full refund less a \$35.00 service fee, provided request is made to the DLAT Executive Director in writing by March 6, 2010. After March 6, 2010, refunds will not be considered.

7. Exhibitor understands that neither the Hotel nor DLAT will be liable for any injury to Exhibitor's personnel or for damage to, or for loss or destruction of an exhibit or any property of the Exhibitor by fire or other casualty, whether caused by

negligence of the Hotel or DLAT, or by their officers, agents, servants, employees, or otherwise. All claims for any such loss are expressly waived by the Exhibitor and the Exhibitor shall indemnify and hold harmless the Hotel and DLAT from such claims.

8. Exhibitor agrees to neither drive tacks, nails, nor screws in the walls, woodwork, nor floor of the Hotel property nor to deface in any other manner. If such damage is evident, the Exhibitor is liable to the owner of the property so damaged.

9. DLAT reserves the right to refuse any exhibit or Exhibitor and further reserves the right to close and remove any exhibit and the Exhibitor for breach of the Contract or for cause. In such event, DLAT's liability is limited to the refund of monies paid for contracted space.

10. Exhibitor understands that all persons in the booth must be employees or official exhibit representatives. Name badges will be prepared and are required for entry into the exhibit area.

11. Exhibitor understands booth sharing is not permitted. Manufacturing representatives are permitted.

12. Exhibitor agrees to use sound devices in a manner so as not to disturb other Exhibitors or their patrons.

13. Exhibitor understands that all exhibits must conform to local fire regulations.

14. Exhibitor understands electrical service, if needed, requires an additional fee of \$35, payable with Contract.

15. Exhibitor agrees that should the Conference and exhibits be canceled for reasons beyond the control of DLAT, the Exhibitor is entitled only to a refund of monies already paid to DLAT. Furthermore, DLAT would not be liable for any consequential losses, lost profits, travel, lodging, or food costs, or any other such losses.

I have read the requirements above and the accompanying Exhibitor Information, and agree to abide by same.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Completed contracts must be received by March 6, 2010, to be recognized in the Official Conference Program.

Please return these forms to the address below. Only complete and properly executed Contracts including the Addendum will be processed and booth/table confirmation returned to Exhibitor. Retain a copy of forms submitted for your records.

Milton C. Pokladnik, CDT, ret.  
Executive Director  
The Dental Laboratory Association of Texas  
P. O. Box 140769  
Dallas, Texas 75214

If need to contact:  
1.877.689.8848  
Fax: 1.214.321.9942  
aurex@swbell.net

### CONFIRMATION

To be completed by DLAT Office only!

Booth Number Assigned \_\_\_\_\_ Payment Received Amount \$ \_\_\_\_\_

Check: Number \_\_\_\_\_ Date \_\_\_\_\_

Credit Card: Approved \_\_\_\_\_

\_\_\_\_\_  
Milton C. Pokladnik, CDT, ret.. Executive Director

See Addendum on reverse side!

EXHIBITOR/SPONSOR CONTRACT ADDENDUM  
**2010 DFW Southwest Conference and Expo**  
**March 26-28, 2010**  
Omni Mandalay Hotel in Las Colinas ♦ Irving, Texas



This completed Addendum is required with contract  
Please Print Legibly

Company \_\_\_\_\_

Exact wording for booth sign \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

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

E-Mail \_\_\_\_\_ Web Site \_\_\_\_\_

**Person to Receive Follow-up**

Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

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

**Name Badges - Full Name of Representatives to Work in Booth**

Name \_\_\_\_\_ Title \_\_\_\_\_ Badge Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Title \_\_\_\_\_ Badge Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Title \_\_\_\_\_ Badge Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

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

**Please list any exhibitor or product you prefer NOT to be located near you**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any exhibitor or product you prefer to be located near**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please describe briefly (29 words or less) your services and/or products you plan to exhibit in your booth**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please describe any giveaways you plan to distribute at the booth**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See Exhibitor/Sponsor Contract on reverse side!

# ADVERTISING AGREEMENT

## Official Conference Program 2010 DFW Southwest Conference and Expo

March 26-28, 2010

The Dental Laboratory Association of Texas



Please retain copy  
for your records  
Please Print Legibly

Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Web Site \_\_\_\_\_

### ADVERTISING RATES – COLOR DISPLAY ONLY Ad Sizes and Position



Full  
7-1/2x10



1/2 Vertical  
3-5/8x10  
L or R



1/2 Horizontal  
7-1/2x4-7/8  
Lower



1/4  
3-5/8x4-7/8  
4 Corners



Business Cards  
3-1/2x2  
Varies

Cover Positions		Inside Pages	
—	Outside Back \$950	—	Full Page \$750
—	Inside Front 850	—	1/2 Page 450
—	Inside Back 800	—	1/4 Page 300
—		—	Business Card 150
Only full-page ads on cover Only covers may bleed		Black & White ads will only be accepted for inside pages for 20% discount	
<b>Non-Exhibitors, add 20% to rates</b>			

### PRODUCTION INFORMATION

#### Mechanical

Trim Size: 8-1/2 x 11  
 Paper: Coated  
 Binding: Saddle Stitched  
 Printing: Digital  
 Bleed: Covers Only

#### Acceptable Artwork Formats

- Electronic ads accepted in .pdf, .eps, .psd, .tif, or .ai formats, 300 dpi, CMYK colors.
- Electronic artwork **must be accompanied** by all fonts, logos, art, etc.
- All digital formats must be accompanied by hard copy, high resolution proofs
- Color ads must be accompanied by a color-match proof

#### Changes

Ads submitted must be complete. Any changes we make are charged at \$40 per hour. Ads can also be created for advertisers at \$40 per hour.

#### Ad Placement

Efforts will be made to accommodate requests, but no guarantees. Both right and left pages are utilized for ads. Position is on a first-come basis.

#### Ad Deadlines

Agreements and complete artwork due by March 6, 2010.

#### Advertising Code

Any product or service for the dental technology profession may be advertised. However, The Dental Laboratory Association of Texas reserves the right to reject any advertising deemed to be false, deceptive, or misleading.

#### Payment

- Ad payment may accompany artwork submission
- Check or money order only - Rates are NOT commissionable
- Make payable to **The Dental Laboratory Association of Texas**  
 Check/M.O. No. \_\_\_\_\_ Amount \$ \_\_\_\_\_
- A copy of the program will be sent to the contact person.

#### Deadlines

- Ad payment with Exhibit Booth payment by March 6, 2010
- Conference date – March 26-28, 2010

#### Please return everything to:

VISTA Publications  
 405 W. Lookout Drive  
 Richardson, Texas 75080

#### If need to contact:

Bob Woody  
 972.680.3110  
 bwoody.vista@sbcglobal.net

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please include this form with any payment submitted to The Dental Laboratory Association of Texas / DLAT

# PAYMENT SUMMARY



Company \_\_\_\_\_

**2010 DFW Southwest Conference and Expo**  
 March 26-28, 2010  
 Omni Mandalay Hotel in Las Colinas □ Irving, Texas

Payment Items		Amount
Golf Tournament	\$110 per person	\$ _____
Exhibit Booth / Table	Size _____ No. _____	_____
Meals for Extra Booth Personnel	_____ X \$50	_____
Electrical Service .. Fee \$35		_____
Program Ad	Size _____ Position _____	_____
Cash Sponsorship		_____
Event Sponsorship		_____
Scholarship Fund		_____
Awards Dinner and Entertainment	_____ X \$45	_____
<b>Total for DFW Southwest Due</b>		<b>\$ _____</b>

## Payment Options

Check Number \_\_\_\_\_ Payable to DLAT

Credit Card Number \_\_\_\_\_

Credit Card:  Amex  MasterCard  Visa

Expiration Date \_\_\_\_/\_\_\_\_

Amount Authorized \$ \_\_\_\_\_

Name on Card \_\_\_\_\_

Address for Card \_\_\_\_\_

**Please submit to DLAT by March 6, 2010**

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

Milton C. Pokladnik, CDT, ret., Executive Director  
 The Dental Laboratory Association of Texas  
 P. O. Box 140769  
 Dallas, Texas 75214

Signature \_\_\_\_\_

Date \_\_\_\_\_

1.877.689.8848 ■ Fax 1.214.321.9942