

A completed Contract includes the Addendum on reverse side

EXHIBITOR/SPONSOR CONTRACT

2012 Southwest Conference & Expo

April 12-15, 2012

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 \$1,050.00
 - Booth, 8 ft x 10 ft 2 draped tables and 2 chairs \$1,150.00
 - Booth, 6 or 8 ft x 12 ft with 2 draped tables and 2 chairs \$1,175.00
2. Exhibitor understands payment is due in full when this signed contract is submitted to the DLAT Executive Director, which is requested by March 23, 2012, 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 23, 2012. After March 23, 2012, 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 neither to drive tacks, nails, or screws in the walls, woodwork, or floor of the Hotel property or 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 \$50, 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 23, 2012, 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:
 1.800.831.7905
 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*

EXHIBITOR/SPONSOR CONTRACT ADDENDUM

2012 Southwest Conference & Expo

April 12-15, 2012

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



ADVERTISING AGREEMENT
Official Conference Program
2012 Southwest Conference & Expo
April 12-15, 2012
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 10% discount	
Non-Exhibitors, add 20% to rates			

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 23, 2012.

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 23, 2012
- Conference date ... April 12-15, 2012

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 _____

2012 Southwest Conference & Expo
April 12-15, 2012
Omni Mandalay Hotel in Las Colinas ♦ Irving, Texas

Payment Items	Amount
Exhibit Booth / Table Size _____ No. _____	\$ _____
Meals for Extra Booth Personnel _____ X \$50	_____
Electrical Service .. Fee \$50	_____
Program Ad Size _____ Position _____	_____
Cash Sponsorship	_____
Event Sponsorship for _____	_____
Galveston Business Symposium Sponsorships <i>You may pay now or be invoiced prior to the Symposium</i>	_____
Friday Night "Cutthroat Saloon" _____ X \$45	_____
Saturday Awards Luncheon _____ X \$35	_____
Golf Tournament \$100 per person <i>Please list members of your group or individuals you would like to be paired with.</i>	_____

Total Due	\$ _____

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 _____

City _____ State ____ Zip _____

Signature _____

Date _____

Please submit to DLAT by March 23, 2012

Milton C. Pokladnik, CDT, ret., Executive Director
The Dental Laboratory Association of Texas
P. O. Box 140769
Dallas, Texas 75214
1.877.689.8848 ■ Fax 1.214.321.9942