

Application to Exhibit

Alabama Academy of General Dentistry

September 1-5, 2008

Name of Firm _____

Street Address of Firm _____

City _____ State _____ Zip _____

Authorized By _____ Signature of Authorizing Agent _____

Phone (____) _____ Fax (____) _____ E-mail _____

Important to include email address

Company/Subsidiary _____ Contact Person _____

Sign Copy for Booth -- 2 Lines Maximum

We would like to donate the following items
to be given away during the Friday Night Party

I prefer booth number : (First Choice) _____ (Second Choice) _____ (Third Choice) _____

I prefer not to be located adjacent to: _____

Please make name badges for the following company representatives and spouses:

First Name	Last Name	Title	Event Participating...Please Check Choices
			<input type="checkbox"/> Seafood Luau <input type="checkbox"/> Deep Sea Fishing <input type="checkbox"/> Sand Art Contest <input type="checkbox"/> Spouses Luncheon <input type="checkbox"/> Winning Night Exhibit Hall
			<input type="checkbox"/> Seafood Luau <input type="checkbox"/> Deep Sea Fishing <input type="checkbox"/> Sand Art Contest <input type="checkbox"/> Spouses Luncheon <input type="checkbox"/> Winning Night Exhibit Hall
			<input type="checkbox"/> Seafood Luau <input type="checkbox"/> Deep Sea Fishing <input type="checkbox"/> Sand Art Contest <input type="checkbox"/> Spouses Luncheon <input type="checkbox"/> Winning Night Exhibit Hall
			<input type="checkbox"/> Seafood Luau <input type="checkbox"/> Deep Sea Fishing <input type="checkbox"/> Sand Art Contest <input type="checkbox"/> Spouses Luncheon <input type="checkbox"/> Winning Night Exhibit Hall

Fee for Booth Requested \$ _____

Labor Day Seafood Luau
7 - Adult (Under 7 Free) _____ X \$20 \$ _____

Spouses' Luncheon _____ X \$30 \$ _____

Deep Sea Fishing _____ X \$115 \$ _____

Total Submitted \$ _____

Return completed exhibitor application with payment to:

Alabama Academy of General Dentistry
2501 Stemley Bridge Road
Pell City, Alabama 35128

ALAGD Use Only

Date Received _____

Amount Received _____

Booth Assigned _____

Signature _____

Booth Space Will Only be Assigned When Payment is Made