

**Montana Dental Association 122nd Annual Meeting  
May 29-30, 2025 — University of Montana (UC Center) — Missoula, Montana**

**COMPLETE ➔** FIRM NAME: \_\_\_\_\_  
 CONVENTION COORDINATOR: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

↓ **COMPLETE** ↓  
**BOOTH PREFERENCE**

Booths are assigned on a first-requested, first-served basis and will not be assigned until full payment is received.

**Our choice of booth space by number is**  
 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

*(Please refer to the exhibit area map.)*

**COST OF EXHIBIT SPACE**

Single Booth - **\$925**

**Sponsorship and**  
 Single Booth - **\$1,665**

**SPONSORSHIP**

As a sponsor, your company will receive:

- \* Special recognition in the registration brochure and meeting program
- \* Special signs designating your company as a meeting sponsor and as a sponsor of a special meeting event.
- \* For complete details about sponsorship please check the back page of the exhibitor prospectus.

**CONVENTION DECORATORS**

If you require special services for your booth, other than those listed in the *Exhibitor Prospectus*, please contact:

**K & J**  
 PO Box 5234 - Helena, MT 59604  
 406/442-3238 [www.kjconventions.com](http://www.kjconventions.com)

↓ **COMPLETE** ↓  
**ATTENDEES**

Each booth reservation includes two representatives. There will be a \$80 fee for each additional representative.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \$80 fee \_\_\_\_\_
4. \$80 fee \_\_\_\_\_

↓ **COMPLETE** ↓  
**PROGRAM LISTING**

List the name, address and all contact information you would like listed in the meeting program. Please include faxes, e-mails and other information you feel necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ABSOLUTELY UNDER NO CIRCUMSTANCES WILL YOU BE ALLOWED TO SWITCH PLACES WITH ANOTHER VENDOR WITHOUT THE VENDOR'S PERMISSION. IF THIS OCCURS, YOU WILL BE IMMEDIATELY ASKED TO LEAVE.**

↓ **COMPLETE** ↓  
**AGREEMENT**

We hereby apply, subject to the terms of your Exhibitor Prospectus, for exhibit space for our occupancy at the Montana Dental Association Annual Meeting to be held May 29 & 30, 2025. As exhibitor, we agree to assume and to pay all shipping and drayage charges in connection with our exhibit. We agree to indemnify and hold harmless the Montana Dental Association and the management of the University of Montana from all liability, which might ensue for any cause whatsoever, in connection with our exhibit.

**SIGN HERE ➔** Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

↓ **COMPLETE** ↓  
**COMPETITORS**

Indicate the names of any competitors whom you prefer not to be located by.  
*Be specific - it is your responsibility to list all companies.*

\_\_\_\_\_

\_\_\_\_\_

↓ **COMPLETE** ↓  
**ADDITIONAL CORRESPONDENCE**

List the name and address of any other individual who should receive information.

\_\_\_\_\_

\_\_\_\_\_

**RETURN YOUR PAYMENT ALONG WITH THIS FORM TO:**

**Montana Dental Association**  
[jeans@MontanaDental.org](mailto:jeans@MontanaDental.org)  
 PO Box 1154  
 Helena MT 59624  
 Phone: 406/443-2061  
 Fax: 406/443-1546

↓ **COMPLETE** ↓  
**YOUR FULL PAYMENT MUST ACCOMPANY THIS APPLICATION**

This order will be binding upon receipt of the confirmation. The fee submitted with this application will be refunded only under the terms listed in the Exhibitor Prospectus.

Charge my:  MasterCard  VISA  Discover  Am Ex

Amount \$ \_\_\_\_\_ CVV Code \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

➔ **PLEASE EMAIL MY CREDIT CARD RECEIPT TO:**

\_\_\_\_\_