
EXHIBITOR APPLICATION

Alumni Weekend • January 28 - 31, 2010

Wynfrey Hotel • Birmingham, Alabama

PRIORITY EXHIBITOR REGISTRATION DEADLINE IS DECEMBER 11, 2009 AT 5:00 P.M.

Company Name _____ Phone _____

Key Contact _____ Title _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Fax _____

Name(s) and title(s) of those attending/working the exhibit (for name badge purposes):

Briefly describe the equipment, products, or services to be featured: _____

EXHIBITOR AGREEMENT

Rental Space Includes:

8x10 space, draped back wall with side rail, 6-foot table, 2 chairs, 1 waste basket and an identification sign.

1. Exhibit hours are from 8 a.m.-5 p.m. on Friday and Saturday. No exhibit may be dismantled before 5 p.m. on Saturday.
2. Exhibit space is limited and will be assigned based on availability.
3. **Exhibit fee of \$800 is due with application.**
4. **No refunds or cancellations after Friday, December 18, 2009.**
5. Upon receipt of registration, each exhibitor will receive a letter of confirmation from the School of Dentistry.

Authorized Signature: _____

Title: _____

Return application to:

The University of Alabama School of Dentistry Alumni Association

SDB 215, 1530 3rd Ave. S., Birmingham, Alabama 35294-0007

PLEASE NOTE: Location requests are not guaranteed. Prime locations are reserved for Alumni Weekend Sponsors. If you are interested in sponsorship, please contact Scott Huffman, 205.934.3601 or shuffman@uab.edu.

Door Prize Information

____ Yes, we would like to donate a door prize to be given away at the President's Reception on Friday, January 29. Door Prize: ____ Is enclosed ____ will be mailed ____ will be delivered prior to the reception.