



"The Meeting at the Springs"
Saratoga Dental Congress

Sponsored by The Fourth District Dental Society
 A COMPONENT OF THE NEW YORK STATE DENTAL ASSOCIATION
 AND THE AMERICAN DENTAL ASSOCIATION



2010 REGISTRATION FORM

Dear Exhibitor:

On April 29 & 30, 2010*, the Fourth District Dental Society of New York State will be sponsoring the 14th annual Saratoga Dental Congress. The meeting will be held at the Saratoga Springs City Center in Saratoga Springs, New York. At our 2009 meeting, we had 1,000 attendees and over 50 exhibitors.

***Please note that this date is one month earlier than in previous years.**

The fee for a fully draped booth with one table and sign bearing your company name is \$600. The fee includes lunch for the exhibitors. **Exhibitor registration forms must include payment and be received by April 8, 2010 to qualify for the \$600.** Starting April 9, 2010, the fee will be \$650 and the booths will be available only on a space available basis. The Dental Society reserves the right to refuse registrations when all booths are filled. **Payment for booth space must be received by April 22nd or the reservation will be cancelled. There will be no exceptions.**

An exhibitor kit will be mailed to each registered exhibitor approximately four weeks before the meeting by Clifton Park Convention Services. The kit will contain an order form to request furniture and accessories, electric power, special signs, labor and drayage.

The exhibit hall will be available for set-up at 1:00 p.m. on Wednesday, April 28th. You may also set-up Thursday, April 29th at 7:00 a.m. Exhibits will open Thursday, April 29th and Friday April 30th at 8:00 a.m.

A block of rooms will be held for meeting attendees at the Saratoga Hilton, 534 Broadway, Saratoga Springs, 12866, phone: (518) 584-4000 and the Hampton Inn & Suites, 25 Lake Ave., Saratoga Springs, NY 12866, phone: (518) 584-2100. Please contact each hotel directly. Reserve your room early as the number of rooms being held is small. Mention the Saratoga Dental Congress or Fourth District Dental Society when contacting the hotel.

Please return your entire registration form and payment to Nancy Hess at the Fourth District Dental Society, 981 Route 146, Clifton Park, NY 12065. Checks should be made payable to **Fourth District Dental Society**. Please mail your registration early to take advantage of the lower rate. If you wish to pay with MasterCard or Visa, please put your credit card information on the registration form. Call (518) 371-1114 if you have any questions.

****If you would be interested in sponsoring a speaker or other event for special recognition, please notify us as soon as possible. We are looking forward to seeing you at the 2010 Saratoga Dental Congress.**

Nancy C. Hess
 Assistant Executive Director

EXHIBITOR REGISTRATION INFORMATION

Company Name: _____ Exhibitor Name(s) _____

Mailing Address: _____ Phone # _____

Email address _____

Booth sign should read: _____ Need Internet access? Yes No

Name on credit card: _____ Exp. Date: _____

Address for credit card: _____

*Credit card# _____ Three digit security code: _____

* MasterCard and Visa only accepted

**Please return this form with your Credit Card info or your check payable to Fourth District Dental Society
 MAIL TO: Fourth District Dental Society, 981 Route 146, Clifton Park, NY 12065**