KDA
Kentucky
Dental
Association

Application for Exhibit Space
The Kentucky Meeting
Crowne Plaza Hotel   Louisville, KY   August 14-17, 2025

Kentucky Dental Association
1920 Nelson Miller Parkway
Louisville, KY 40223-2164
ATTN: Janet Glover

I. You are hereby authorized to reserve space for occupancy in the Exhibition Area as follows: (Applicants, in their own interest, are urged to make four selections.)
❏ Check if you prefer corner booth (if available)

Choice	**Booth Number(s)**
First _____	
Second _____	
Third _____	
Fourth _____	

Note: A minimum of $800.00 per booth space is payable immediately with application.

II. Please indicate below the EXACT copy you wish to appear on your booth sign.
Firm or Trade Name _____

III. Name of representatives attending meeting: **IMPORTANT:** Badges will be made on meeting site.

1._____ 2._____
Please note: Each exhibitor is allowed two (2) representatives at no charge. A fee of $75.00 will be added for each additional representative.

Name of additional representatives attending meeting:
3._____ 5._____
4._____ 6._____

IV. Please list below all products you plan to exhibit. (Underline products that will be featured).
1._____ 4._____
2._____ 5._____
3._____ 6._____

V. List below companies that you prefer not to be located near. (This information will be kept confidential.)
1._____ 4._____
2._____ 5._____
3._____ 6._____

We agree to pay the Kentucky Dental Association the rental charge stated on the official floor plan as follows: A minimum of $800.00 per booth upon application and the balance on or before June 2, 2025 and to be governed by all terms, conditions, rules and regulations as set forth in the official prospectus, a copy of which we have received. **Applications received after June 2, 2025 must be accompanied by payment in full.** No deposits will be refunded after June 2, 2025. **IMPORTANT:** ONLY ONE COMPANY NAME PER BOOTH SPACE WILL BE PRINTED IN THE MEETING PROGRAM.

(Please Print)   Firm _____

Street Address _____

City, State & Zip Code _____

Phone & Area Code (_____) _____

Email _____

By (Title) _____

Company Website Address (URL) _____

For Office use only:

Received: _____

Acknowledged: _____

The information requested above will assist us greatly in making final booth assignments.   Deposit: _____
We appreciate your cooperation in providing complete details.   Space Assigned: _____