Dear Exhibitor:

I am excited to invite you to the Maine Dental Association’s 2017 Annual Convention to be held on June 2-3 at the Harborside Hotel, Spa & Marina in Bar Harbor. It is our first year holding the convention at the Harborside, and the MDA is celebrating its 150th birthday this year. Exhibits will be held on Friday, June 2, from 10:00 a.m. to 4:00 p.m.

We have included both Friday’s and Saturday’s continuing education courses as part of the MDA Package Plan. That should help to increase the number of members attending the convention. To entice attendees to spend time on the exhibit floor, we will be offering a buffet to convention attendees on Friday so they can spend their lunch break on the exhibit floor. We will encourage attendees to visit exhibitor booths and collect a raffle ticket from each vendor. A variety of prizes will be available. We would ask you to provide something for the drawings. Winners will be drawn on Friday at the end of the continuing education course (4:15 p.m. in the exhibit hall). There will be another opportunity to meet with attendees during a reception early Friday evening from 5:30-6:30 p.m.

There will be a drawing at the reception, with the prize being a complimentary booth at next year’s convention for an exhibitor who provides their business card at the reception.

The MDA is giving each convention attendee a “goody” bag. If you have literature or items you would like us to place in the bags, please drop them off at the registration area or ship to the Harborside earlier and mark package for MDA registration area.

Please see the enclosed prospectus with details about the exhibits. An application, along with a variety of sponsorship opportunities, are included. Please note the “early bird” discount for contracts postmarked by February 10. I look forward to your participation at our meeting.

If you have questions about the exhibits, please contact Lucas at the MDA Office (207-622-7900 or lknowles@medental.org)

Sincerely,

David C. Olivas, DDS
Maine Dental Association Annual Convention Exhibitor Contract

Exhibits — June 2, 2017

PRICE PER BOOTH-$675  additional BOOTH-$600 [Deduct $25 per booth if postmarked by 2/10/2017]

You are hereby authorized to reserve exhibit space for our use at the 2017 Annual Convention of the Maine Dental Association. We hold the Maine Dental Association harmless from claims of any nature arising from our occupancy of assigned space, or from activities of our employees or representatives.

_____FIRST TIME  ____PREVIOUS EXHIBITOR

EXHIBITING COMPANY

COMPANY NAME (as will appear in program booklet)

ADDRESS__________________________________________________________ PHONE__________________

CITY __________________________ STATE_______   ZIP___________   EMAIL______________________________

REPRESENTATIVE in charge of exhibit _______________________________________________________________

ADDRESS (if different than company) _______________________________________________________________

CITY __________________________ STATE_______   ZIP___________   EMAIL______________________________

PRODUCT(S) to be exhibited________________________________________________________________________

OUR COMPETITORS ARE__________________________________________________________________________

CONTRACT EXECUTED BY ________________________________________________________________

(name and title—PLEASE PRINT)

Contract Must Be Signed to be Valid

(sign name)

Date of Exhibits: June 2, 2017 (10:00 a.m. — 4:00 p.m.)

TERMS: Full payment must accompany this application. $675 for first BOOTH. $600 for an additional BOOTH. Deduct $25 per BOOTH if postmarked by February 10, 2017. (Check or credit card accepted)

*Item(s) for Raffle: ___YES  ___NO    Item(s): ____________________________________________________________

*Item(s) for the “goody” bags: ___YES  ___NO    Item(s): ____________________________________________________

# of electrical outlets needed: _____

List of on-site representatives (No more than five reps per exhibit space.) PLEASE PRINT NAMES!

1._________________________________________________

2._________________________________________________

3._________________________________________________

4._________________________________________________

5._________________________________________________

To whom should the convention information (program, etc.) be sent?

NAME _____________________________________

ADDRESS _________________________________

CITY ______________________________________

STATE______________ ZIP __________________

# of electrical outlets needed: _____

To whom should the convention information (program, etc.) be sent?

NAME _____________________________________

ADDRESS _________________________________

CITY ______________________________________

STATE______________ ZIP __________________

Please return this form with your check payable to:

Maine Dental Association
PO Box 215
Manchester, ME  04351-0215

OR complete and mail credit card form enclosed

A refund of a prepaid reservation will be made upon written request to the Maine Dental Association on or before April 21, 2017. Cancellations received after this date will be charged a $150 booth cancellation fee. If cancellations are received after May 5, 2017, the entire booth fee will be retained by the MDA.

Please note: To assure a listing in the Annual Convention program booklet, the exhibitor contract must be returned with payment no later than May 5, 2017.

CELEBRATE OUR
150TH BIRTHDAY!

PRICE PER BOOTH    $675
ADDITIONAL BOOTH    $600
POSTMARKED BY 2/10/17(subtract) $ 25
TOTAL DUE     $__________
MDA Annual Convention Exhibitor Prospectus

Date of Exhibits: Friday, June 2

Location: The Harborside Hotel, Spa & Marina, Bar Harbor, Maine

Time: Exhibits are open from 10:00 am to 4:00 pm Friday
Set-up can occur any time after 8:30 a.m. on Friday

Booth Description: 8’ X 10’ space with 6’ skirted table, chairs provided. 
Electrical outlets available, if needed. 
(Requests for electrical outlets must be made on the exhibitor contract.)
Two free lunch vouchers per paid booth.

Cost: $675 for first BOOTH / $600 for each additional BOOTH
Deduct $25 per BOOTH if postmarked by February 10, 2017.
Payment must accompany application. You may pay by check or credit card.

Booth Assignment: Exhibitors will receive booth assignments the morning of the exhibits.

Character of Exhibits: The MDA reserves the right to decline or prohibit any exhibit which, in its 
judgment, is not suitable to or in keeping with the character of the exhibition. This reservation is 
all-inclusive, and concerns persons, things, conduct, printed materials and souvenirs.

Refunds: All cancellations must be in writing and received by the Maine Dental Association on 
or before April 21, 2017. Cancellations received after this date will be charged a $150 booth 
cancellation fee. If cancellations are received after May 5, 2017, the entire booth fee will be retained 
by the Maine Dental Association.

Hotel Reservations: If needed, hotel reservations must be made directly with The Harborside.

Attendance Incentive: The Maine Dental Association (MDA) will be providing a free buffet to 
convention attendees during the lunch break and a reception later on Friday. Attendees may also 
participate in raffle drawings by obtaining a ticket from each vendor. Drawings will be held Friday 
after the course. We would ask that you provide something for the drawings. Please let us know 
what you are offering for the raffle on the exhibitor contract and make sure to display it on the 
raffle table in the exhibit hall.

Reception/Exhibitor Drawing: There will be another opportunity to meet with attendees during a 
reception early Friday evening from 5:30-6:30 p.m. There will be a drawing at the reception, with 
the prize being a complimentary booth at next year’s convention for an exhibitor who provides their 
business card at the reception.

“Goody” Bags: The MDA is giving each convention attendee a “goody” bag. If you have literature or 
items you would like us to place in the bags, please drop them off at the registration area or ship 
to the Harborside earlier and mark package for Maine Dental Association registration area. Please 
indicate on the exhibitor contract if you have items for the attendee bags.

Products to be Mailed: If you need to mail your product and/or equipment ahead, please mail to: 
The Harborside Hotel, 55 West St, Bar Harbor, ME 04609. 
Be sure to mark the package Maine Dental Association Annual Convention. 
Please ship to arrive no earlier than seven days in advance. 
Contact the sales office at the Harborside with questions. (855-700-OPAL)

Please note: 
To assure printed acknowledgement in the convention brochure mailed to dental offices in February, 
the exhibitor contract must be returned with payment no later than February 10, 2017.
2017 Maine Dental Association Convention
June 2-3, 2017
Harborside Hotel, Spa & Marina, Bar Harbor, ME

Sponsorship Opportunities

Please check the events/amounts that you would like to sponsor/co-sponsor. Several of the opportunities have varying amounts for sponsorship.

Friday, June 2nd

_____ $500 _____ $1,000 Sponsor Dr. Tieraona Low Dog’s all-day lecture “The Fire Within: Nutrition and Lifestyle Approaches to Chronic Inflammation.”

_____ $500 _____ $1,000 _____ $1,500 _____ $2,000 Sponsor MDA Annual Convention Reception. It is a chance for dentists, hygienists, assistants, exhibitors and sponsors to network. It is free of charge to attendees and exhibitors and exhibitors will have a chance to enter a drawing for a complimentary booth at next year’s convention. (530-630 p.m.)

Saturday, June 3rd

_____ $500 _____ $1,000 Sponsor Dr. Gordon Christensen’s all-day lecture “The Christensen Bottom Line: The Areas of Dentistry with the Most Change.”

_____ $500 _____ $1,000 _____ $1,500 Sponsor “Financial Planning & Fiscal Independence for the Heavily Indebted Millennial.” Join students, new dentists and seasoned dentists for a lunch and learn event. (includes 2 tickets to lunch from 12-1:45 p.m.)

_____ $750 Sponsor Dental Student & Mentor Reception (5:00-6:15pm)

_____ $500 _____ $1,000 _____ $1,500 _____ $2,000 Sponsor President’s Dinner Dance (includes 2 tickets to dinner)

Extras

_____ $750 Sponsor printing of convention program and receive full-page color ad on back cover

_____ $500 Sponsor printing of convention program and receive full-page color ad on inside front cover

_____ $200, $400 Place half-page ($200) or full-page ($400) ad in convention brochure. All ads must be in by February 10, 2017 for inclusion in brochure.

NOTE: In addition to the tickets/vouchers noted, sponsorship will also include: Acknowledgement in printed promotional materials for the Maine Dental Association convention, including the MDA newsletter and the convention program, provided materials are received in a timely manner for review and inclusion in such materials, and acknowledgement of support at the educational program or social event through verbal recognition and/or signage, with the option of having the supporter’s on-site personnel recognized.
2017 Maine Dental Association Convention Sponsorship Opportunities

Company: _______________________________________________________

Name:__________________________________Contact:__________________

Address:_________________________________________________________
________________________________________________________________

Phone:___________________  Fax:___________________

E-mail:__________________________________________

Please complete and return this form, along with a crisp copy of your company logo, to MDA, PO Box 215, Manchester, ME 04351. Electronic versions of the logo may be e-mailed to: pbureau@medental.org. Check must be received by May 5, 2017 to assure printed acknowledgement in the convention program.

Payment must be received by February 10, 2017 to assure printed acknowledgement in the convention brochure mailed to dental offices in February. To be listed in the program booklet given to all attendees at the convention, payment must be received by May 5, 2017.

Please make check out to: Maine Dental Association or complete credit card information below and return to: MDA, PO Box 215, Manchester, ME 04351.

Thank you.

Maine Dental Association  Please Print Clearly

Your Name: ___________________________ Business Name: ___________________________

Name on Card: ___________________________ Phone: ___________________________

Billing Address on Card: ___________________________

City: __________ State: ___________ Zip Code: __________

Email: ________________________________________________

Card #: ____________  (3 digits on back of card)  Exp. Date: ____________

Please make check out to: Maine Dental Association or complete credit card information below and return to: MDA, PO Box 215, Manchester, ME 04351.

Thank you.

Maine Dental Association  Please Print Clearly

Your Name: ___________________________ Business Name: ___________________________

Name on Card: ___________________________ Phone: ___________________________

Billing Address on Card: ___________________________

City: __________ State: ___________ Zip Code: __________

Email: ________________________________________________

Card #: ____________  (3 digits on back of card)  Exp. Date: ____________

Please make check out to: Maine Dental Association or complete credit card information below and return to: MDA, PO Box 215, Manchester, ME 04351.

Thank you.

Maine Dental Association  Please Print Clearly

Your Name: ___________________________ Business Name: ___________________________

Name on Card: ___________________________ Phone: ___________________________

Billing Address on Card: ___________________________

City: __________ State: ___________ Zip Code: __________

Email: ________________________________________________

Card #: ____________  (3 digits on back of card)  Exp. Date: ____________

Please make check out to: Maine Dental Association or complete credit card information below and return to: MDA, PO Box 215, Manchester, ME 04351.

Thank you.

Maine Dental Association  Please Print Clearly

Your Name: ___________________________ Business Name: ___________________________

Name on Card: ___________________________ Phone: ___________________________

Billing Address on Card: ___________________________

City: __________ State: ___________ Zip Code: __________

Email: ________________________________________________

Card #: ____________  (3 digits on back of card)  Exp. Date: ____________

Please make check out to: Maine Dental Association or complete credit card information below and return to: MDA, PO Box 215, Manchester, ME 04351.

Thank you.

Maine Dental Association  Please Print Clearly

Your Name: ___________________________ Business Name: ___________________________

Name on Card: ___________________________ Phone: ___________________________

Billing Address on Card: ___________________________

City: __________ State: ___________ Zip Code: __________

Email: ________________________________________________

Card #: ____________  (3 digits on back of card)  Exp. Date: ____________

Please make check out to: Maine Dental Association or complete credit card information below and return to: MDA, PO Box 215, Manchester, ME 04351.

Thank you.

Maine Dental Association  Please Print Clearly

Your Name: ___________________________ Business Name: ___________________________

Name on Card: ___________________________ Phone: ___________________________

Billing Address on Card: ___________________________

City: __________ State: ___________ Zip Code: __________

Email: ________________________________________________

Card #: ____________  (3 digits on back of card)  Exp. Date: ____________

Please make check out to: Maine Dental Association or complete credit card information below and return to: MDA, PO Box 215, Manchester, ME 04351.

Thank you.

Maine Dental Association  Please Print Clearly

Your Name: ___________________________ Business Name: ___________________________

Name on Card: ___________________________ Phone: ___________________________

Billing Address on Card: ___________________________

City: __________ State: ___________ Zip Code: __________

Email: ________________________________________________

Card #: ____________  (3 digits on back of card)  Exp. Date: ____________

Please make check out to: Maine Dental Association or complete credit card information below and return to: MDA, PO Box 215, Manchester, ME 04351.

Thank you.

Maine Dental Association  Please Print Clearly

Your Name: ___________________________ Business Name: ___________________________

Name on Card: ___________________________ Phone: ___________________________

Billing Address on Card: ___________________________

City: __________ State: ___________ Zip Code: __________

Email: ________________________________________________

Card #: ____________  (3 digits on back of card)  Exp. Date: ____________

Please make check out to: Maine Dental Association or complete credit card information below and return to: MDA, PO Box 215, Manchester, ME 04351.

Thank you.

Maine Dental Association  Please Print Clearly

Your Name: ___________________________ Business Name: ___________________________

Name on Card: ___________________________ Phone: ___________________________

Billing Address on Card: ___________________________

City: __________ State: ___________ Zip Code: __________

Email: ________________________________________________

Card #: ____________  (3 digits on back of card)  Exp. Date: ____________

Please make check out to: Maine Dental Association or complete credit card information below and return to: MDA, PO Box 215, Manchester, ME 04351.

Thank you.

Maine Dental Association  Please Print Clearly

Your Name: ___________________________ Business Name: ___________________________

Name on Card: ___________________________ Phone: ___________________________

Billing Address on Card: ___________________________

City: __________ State: ___________ Zip Code: __________

Email: ________________________________________________

Card #: ____________  (3 digits on back of card)  Exp. Date: ____________

Please make check out to: Maine Dental Association or complete credit card information below and return to: MDA, PO Box 215, Manchester, ME 04351.

Thank you.