

Exhibit Application

MUSIC CITY DENTAL CONFERENCE
RENAISSANCE NASHVILLE HOTEL
NASHVILLE, TENNESSEE
MAY 30 - JUNE 1, 2024

Do not write in this space

Date Received: _____

Amount Received: _____

Booth(s) Assigned: _____

The TDA is authorized to reserve space in exhibit area for use by the undersigned. Please note, tables are assigned on a first come, first served basis.

EXHIBIT FEES

Early Bird Fee (Deadline Dec. 29, 2023):
\$995 – Standard booth | \$1,095 – Premium

Standard Fee (Based on availability):
\$1,045 – Standard | \$1,145 – Premium

Representative(s) attending
(Add'l. reps. are a \$50 fee):

Rep. 1 _____

Rep. 2 _____

COMPANY INFORMATION

Company Name _____

Primary Contact _____

Title _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

ADDITIONAL INFORMATION

I need power/electricity at my booth (required). YES NO

I will donate a prize for the Exhibit Hall Passport (optional). YES NO

My top three booth choices are (optional):
Please note, requests are not guaranteed.

DESCRIPTION OF PRODUCT OR SERVICE (Required)

Please list the products or services you plan to exhibit in detail and underline any that will be featured.

PAYMENT INFORMATION

Checks should be made payable to the Tennessee Dental Association; Credit card payments by **MasterCard or Visa only**.

Credit Card Number _____ Expiration Date _____

Name on Card _____ Security Code _____

Amount to be charged _____ Signature of Cardholder _____

- I have enclosed a check payable to the Tennessee Dental Association.
- I give the TDA permission to charge the above Credit Card for the exhibit fee.
- I have read and agree to abide by all the terms and conditions set forth by the TDA.

Signature _____

**SUBMIT YOUR APPLICATION
AND PAYMENT TO:**

Tennessee Dental Association
660 Bakers Bridge Ave. Ste. 300, Franklin, TN 37067
mcdc@tndental.org • 615-628-0214 (fax)