

6<sup>TH</sup> ANNUAL AMERICAN  
DENTAL IMPLANT  
ASSOCIATION



*Symposium*



EXHIBITOR PROSPECTUS

LAS VEGAS

FOUR SEASONS HOTEL  
APRIL 13-14, 2012

PHONE: 305.206.0364

FAX: 800-771-3588





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# *Symposium*

APRIL 13-14, 2012 – LAS VEGAS, NEVADA – FOUR SEASONS HOTEL

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Dear Exhibitors:

On behalf of the American Dental Implant Association, I invite you to exhibit at our **6th Annual American Dental Implant Symposium**, April 13-14, 2012 at the Four Seasons Hotel, Las Vegas.

This meeting will offer several Pre-Symposium Workshop Courses held on Thursday, April 12th, 2012 followed by a 2 day General Session for the clinician and staff members on the latest advancements in implant dentistry. To make certain this symposium is successful for you, all food functions and Welcome Reception will take place in the exhibit hall area.

The American Dental Implant Association is expecting a large turnout and encourages you to take this opportunity to exhibit with us. You, the exhibitor, are a vital part of our symposia, offering cutting-edge, new innovative products and services to our attendees.

**Our booths sell out fast , so please submit your application to me no later than January 1, 2012 (via email or fax)**

Enclosed in this prospectus is all the essential information you will need to make your participation as an exhibitor at our symposium a huge success. Please note that booths will be assigned on a First Come, First Serve basis prior to the meeting. A letter confirming your participation and booth assignment will be sent upon receipt of your application and payment.

I look forward to seeing you in Las Vegas this April!

Sincerely,

Gwen C. Klimas  
Exhibit Coordinator

# EXHIBITOR INFORMATION

1) Exhibit space will be assigned on a **First Come, First Service** basis upon receipt of your application. All applications **MUST** be submitted and paid in full by January 1, 2012. All exhibitors must pay for their booths as no special arrangements will be accepted (unless otherwise approved by Dr. Garg).

## 2) Exhibit Booth Package (includes):

- » One unit of 8'x10' exhibit space with 8' high back drapes and 3' high draped side rails
- » One 6' draped table
- » One ID sign
- » Two Chairs
- » One wastebasket
- » Admittance to Symposium
- » Continental Breakfast, Breaks, Lunch and Welcome Cocktail Reception

### Space does not include:

- » Electrical
- » Internet Service
- » Unpacking, rigging, drayage or storage of crates and cartons
- » Special booth furniture, decorations and carpeting

## 3) Location of Exhibits:

The Four Seasons Ballroom will serve as the exhibit area. Table-top and Portable Pop up exhibits are suggested.

## 4) Official Exhibit Contractor:

GES has been appointed as the Official Service Contractor for exhibit services. A welcome kit will be sent to you upon signing up for the symposium.

## 5) Exhibit Hours:

Move-in:	Thursday, April 12, 2012	4:00 pm to 8:00 pm
Show Hours:	Friday, April 13, 2012	7:00 am to 7:30 pm
	Saturday, April 14, 2012	7:30 am to 4:00 pm
Move-out:	Saturday, April 14, 2012	4:00 pm to 6:00 pm

### **\*Welcome Reception with Exhibitors, Friday, April 13 - 6:00 pm to 7:30 pm**

(All times are approximate and subject to changes)

6) Exhibitors shall be fully responsible to pay any and all damages to property owned by the American Dental Implant Association and the Four Seasons Hotel and its representatives or employees which result from any act of omission of the Exhibitor. The Exhibitor agrees to defend, indemnify and hold harmless, the American Dental Implant Association and the Four Seasons Hotel their representatives and employees from any damages or charges resulting from Exhibitor's use of the property. Exhibitor's liability shall include all losses, costs, damages, or expenses arising from, out of, or by reason of any accident or bodily injury or other incident caused by or in any way out of, the actions of the Exhibitor.



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## EXHIBITOR APPLICATION

Date of Application: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Toll Free Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

\*Our 1<sup>st</sup> booth choice: \_\_\_\_\_ 2<sup>nd</sup> Booth Choice: \_\_\_\_\_ 3<sup>rd</sup> Booth Choice: \_\_\_\_\_

(Booths will be assigned following Sponsorship assignments and will be on a First Come, First Serve basis. No booth is guaranteed).

### Description of Product and Service:

Representatives at Exhibit Booth: Only 2 representatives are included in booth fee. An additional charge of \$150.00 USD will be incurred for each additional representative registered.

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

### Exhibit Booth Fees:

\$2,000 USD for a Single 8x10 Booth     \$4,000 USD for a Double 8x10 Booth

### Exhibitor Payment:

Check     Credit Card -     Visa     MasterCard     American Express     Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ CVV #: \_\_\_\_\_

Please return completed application to (via fax or email):

Ms. Gwen C. Klimas

529 Warren Street, Scotch Plains, NJ. 07076 USA - Phone: (305) 206-0364 Fax: (800) 771-3588

Email: [gklimas.adia@gmail.com](mailto:gklimas.adia@gmail.com)

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FLOOR PLAN  
TBA

