



MIDWEST DENTAL LABORATORY ASSOCIATION

Exhibitor's Manual + Application

SEPTEMBER 29 & 30 • FRIDAY & SATURDAY

TREASURE ISLAND RESORT & CASINO

www.mndentallab.org

SCHEDULING

Deadlines:

Speaker Commitment: April 15, 2017

Sponsor Deadline: May 15, 2017

Early Exhibitor Rate: June 1, 2017

Exhibitor Deadline: June 15, 2017

TENTATIVE Northland Attendee & Exhibitor

Schedule:

Friday, September 29, 2017

11:00 am - 3:00 pm	Exhibitor Move-In
9:00 pm - 5:00 pm	Lectures
4:00 pm - 4:30pm	Annual Business Meeting
4:30 pm - 6:00 pm	Exhibit Hall Open
6:30pm - 8:30pm	Welcome Reception

Saturday, September 30, 2017

7:30 am - 9:00 am	Continental Breakfast
8:00 am - 1:30 pm	Exhibit Hall Open
9:00 am - 10:00 am	Table Clinics
12:00pm - 12:30pm	Awards Luncheon
12:30pm - 1:30pm	Table Clinics
1:30 pm - 2:30 pm	Exhibit Tear-Down

EXHIBITOR PACKAGE INCLUDES

- Two-day marketing opportunity
- One 10' (deep) x 10' (wide) booth with standard draping
- Electrical & Internet
- Identification Sign

PAYMENT POLICY

For processing, a check or credit card for the full amount must be received with the application. All applications and checks must be received by June 15, 2017 to ensure being listed in the printed programs.

ELIGIBILITY TO EXHIBIT ~ SUBLETTING

This exhibit space is designed for the display and demonstration of products and services relating to the practice and advancement of the art, science and business of the dental technology industry and professional education of the members of the MDLA. The exhibiting company whose name appears on the application shall use the assigned space exclusively for exhibiting their own products. The Exhibitor may not assign or sublet any of the space to another person or company.

CANCELLATION POLICY

A \$50.00 service charge will be assessed on any cancellations prior to September 1, 2017. Requests for refunds must be made in writing to MDLA - 403 Westridge Drive SW, Cedar Rapids, IA 52404. Written notice to cancel must be

received via mail or Email no later September 1, 2017, to receive a 50% refund. No refunds will be given after this date. If MDLA cannot hold the conference due to acts of God, war, government regulations, disaster, strikes, civil disorder, curtailment of transportation, or other emergencies making it inadvisable, illegal, or impossible to provide the facilities or to hold the meeting, each exhibitor will receive a copy of any conference materials that would have been distributed. Fixed exhibitor session expenses will be paid from the exhibitor registration funds. Remaining funds will be refunded to exhibitors. MDLA is not responsible for any other costs incurred by exhibitors in connection with the conference.

INDEPENDENT EVENTS

Except to hold entertainment or social functions, exhibitors must confine their activities to their allotted exhibit space. No entertainment functions, meetings, courses, or social functions may be scheduled to conflict with MDLA Northland Exhibition program hours, activity hours or exhibit hours. Entertainment and social functions must be in good taste and conform to the purpose of the meeting. The Association should be notified in writing of any special activities (whether entertainment, educational, or promotional in nature) planned by an exhibiting company for the period Friday, September 29, 2017, through Saturday, September 30, 2017. Announcements and invitations addressed to MDLA members and Northland attendees concerning such industry-sponsored events should clearly indicate the name(s) of the sponsor and must in no manner imply directly or indirectly that the event is a part of, or an official activity of, the Association.

INSURANCE & LIABILITY

The MDLA requires exhibitors to have insurance to cover any claims that may arise from this meeting. The MDLA, its agents and employees, shall be held harmless for any liability or claims which may arise from this meeting.

SECURITY

The MDLA will not assume any liability or responsibility for the safety or security of the exhibitor, employees, displays or other property.

DECORATOR SERVICES

Information and forms for ordering additional items through our decorator, Ultimate Events will be sent via Email to exhibitors prior to the show. Requests for additional items for your booth can be sent to Kevin Nelson at knelson@ue-mn.com or call 763.559.8368.

SHIPMENTS

Please ship all booth equipment and materials to Treasure Island Resort & Casino at 5734 Sturgeon Lake Road, Welch, MN 55089. Packages must be labeled with "MDLA Northland Exhibition - September 29-30". Your company name MUST be on the label as well. Shipments may not arrive prior to Monday, September 25, 2017. It is the responsibility of your company to bring packing slips and make arrangements for a Sunday or Monday pick-up with your shipments that leave the casino.

MDLA COORDINATOR

Please call Karen Woods at 319.265.4255 or email at karen@creativeoccasions.net with any questions or concerns.

AIRPORT ~ Minneapolis

The Treasure Island Resort & Casino is a 40 minute drive from the Minneapolis Airport. The MDLA would recommend that you rent a car from the airport.

HOTEL RESERVATIONS

Reservations may be made at the Treasure Island Resort & Casino with a special room rate of \$79 on Thursday, \$114 on Friday, and \$174 on Saturday. Call today to reserve your room at 800.222.7077, promo code Midwest Dental Laboratory Association (MDLA). All reservations must be made with the hotel no later than September 7, 2017.

WWW.MNDENTALLAB.ORG

ASSIGNMENT OF SPACE

The MDLA will make final assignments of booth space with consideration for each exhibitor's needs.

List any exhibitors or products you do not desire to be located near.

List any exhibitors or products you do desire to be located near.

NAME BADGES

Name badges will be printed for each representative of your company. Please notify us of any changes prior to the show.

Last Name _____ First Name _____

Address _____ Box _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Last Name _____ First Name _____

Address _____ Box _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Last Name _____ First Name _____

Address _____ Box _____

City _____ State _____ Zip _____

Telephone _____ Email _____

WWW.MNDENTALLAB.ORG

COMPANY

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

ITEMS TO BE ORDERED	COST	NUMBER	TOTAL
EXHIBIT BOOTH is one 10' x 10' booth with standard draping, one 8' rectangular table, and two chairs. EARLY BIRD SPECIAL...REGISTER BEFORE JUNE 1, 2017 AND SAVE \$100. Early Bird pricing before 6/1/17 is \$600 for Members and \$700 for Non-Members.	\$700 MEMBER		
	\$800 NON-MEMBER		
TABLE CLINICS will take place on Saturday, September 30 from 9:00am – 10:00am and 12:30pm – 1:30pm. There is no cost for one Table Clinic for each exhibitor. Each additional Table Clinic will be billed at \$100 due to additional space.	FREE		
EXHIBITOR LUNCH~SATURDAY will be available to purchase for all Exhibitors. One lunch will be provided on Saturday with the cost of the Exhibit fees.	\$25		
WELCOME RECEPTION~FRIDAY (Maximum 2 Sponsors) sponsor the food and beverage	\$1000		
WELCOME RECEPTION ENTERTAINMENT~FRIDAY (Maximum 2 Sponsors) sponsor the entertainment for the Attendees, Exhibitors, and Presenters.	\$1250		
BREAKFAST SPONSOR~SATURDAY (Maximum 2 Sponsors)	\$900		
ATTENDEE-EXHIBITOR LUNCH~SATURDAY (Maximum 2 Sponsors)	\$1000		
ADVERTISEMENT 2017 Northland Exhibition Brochure Advertisement Deadline – June 1, 2017 Email advertisement in high resolution to karen@creativeoccasions.net • FULL PAGE • HALF PAGE • QUARTER PAGE	\$250 \$175 \$100		
TOTAL COST			

PLEASE MAKE CHECKS PAYABLE TO MIDWEST DENTAL LABORATORY ASSOCIATION (MDLA) AND MAIL THEM TO:

Karen Woods
 Midwest Dental Laboratory Association
 403 Westridge Drive SW • Cedar Rapids, IA 52404

If you are paying by credit card, please Email this form and credit card information to karen@creativeoccasions.net or call at 319.265.4255.

Name on Card _____ Credit Card # _____

Address _____ Card Type _____

City, State, Zip _____ Expiration Date _____ CVS # _____

NAME OF PERSON SUBMITTING APPLICATION

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

 Signature of Person Authorized by Company

 Date