

**Idaho State
Dental Association
Annual Session 2025**
Boise Centre West

Exhibit Dates
June 11-13, 2025

Exhibit Set-Up
Wednesday, June 11
3:00 p.m. – 8:00 p.m.

Exhibits Open
Thursday, June 12
7:30am - 5:00 pm
Friday, June 13
7:30am - 1:00 pm

Cost of Exhibit Space
Paid in full Before 2/3/25 After 2/3/25
Hallway Booth: Available with sponsorship
Exhibit Hall Booth: \$1,000 \$1,100

Payment Information
Payment in full must be submitted with contract.
For security reasons, please mail or call in credit card numbers.

Advertising Order
Program Book
Ad Size
 Inside Cover Front \$700
 Inside Cover Back \$700
 Outside Cover Back \$750
 Full Page \$600
 Half Page \$350
 Quarter Page \$200

Assigned Exhibit Space
(to be completed by ISDA)
Advertising _____
Booth number(s) _____
Total cost _____
Contract received _____
Balance rvcd date _____
Check # _____ \$ _____

PRECONFERENCE COMMUNICATION CONTACT

Name _____
Mailing Address _____
City _____ State _____ Zip _____
E-mail _____ Phone _____

CONTACT INFORMATION FOR PROGRAM GUIDE & WEBSITE

Company Name _____
Company on booth signage _____
Products/Services to be exhibited _____
Listed Contact _____
Phone _____
Website address _____
E-mail _____

EXHIBIT SPACE

Name(s) of person(s) manning booth at the meeting. Maximum of 2 at one time.*

*If you have more than 2 people who will be needing lunch please include the additional \$30 per person.

Booth Preference 1st _____ 2nd _____ 3rd _____
 We will be purchasing 2 booths

I would like to sponsor the 2025 Annual Session at the:

Platinum Level (\$6,000) Gold Level (\$4,500) Base Level (\$3,000)
Please list the top 3 things you are interested in sponsoring, 1 being most interested.
1. _____ 2. _____ 3. _____

Please see pg 7 & 8 of the prospectus for details.

*The ISDA will contact you to finalize the sponsorship details.

CONTRACT

I understand that the execution of the written contract for Exhibit Space for the 2023 ISDA Annual Session represents a binding contractual commitment, not simply an option or informal reservation. THE EXHIBITOR WILL BE LEGALLY OBLIGATED TO PAY FEES FOR CANCELLATIONS AFTER MARCH 1, 2025.

The person signing below has the authority to complete and execute this agreement and must approve any changes to this agreement. This person has read and agrees to the **Rules, Regulations, Terms & Conditions** in the 2025 Annual Session Prospectus.

Signature _____

PAYMENT INFORMATION

Payment in full must be received with this contract. Booth space is not reserved until payment in full is received.

Number of extra lunches needed: _____ \$30 each

Enclosed is my check payable to ISDA (mail to 1220 W. Hays Street, Boise, Idaho 83702)

Name on Card: _____ Amount \$ _____
CC# _____ Exp. Date _____ Security Code _____
Billing Address _____
City _____ State _____ Zip _____