



VENDOR INVITATION

Grab your **Best Fun, Crazy Hat** and join us as we celebrate our Member Dentists - *your Customers and/or Future Customers!!*

The 8th Annual Member Appreciation Night is complimentary and all GSLDS & Affiliate Member Dentists are invited to attend!

There will be a **Contest for Best Vendor Hat**  and Member Dentists will be the Judges!! **1 Lucky Winner!**

Vendor Fee of \$375.00 includes:

- 6' draped table
- Standard electric power strip, *by request only*
- Table sign listing company name
- Company logo displayed on GSLDS website, *if logo is received by 6/01/18*
- Name badges for up to 4 representatives
- Appetizers, networking & much fun!

We ask all participating vendors to please provide a Raffle at their table.
GSLDS will provide raffle tickets & entry hat; drawing to be held at your table during event.

* Spaces are reserved on a first come, first served basis. *Note: space sold out last 3 years*

HATS OFF TO OUR MEMBERS

Member Appreciation Night

Thursday, June 21, 2018
Doubletree Westport, 1973 Craigshire, St. Louis, MO 63146
5:30 pm– 9:00 pm

VENDOR AGREEMENT

Fee \$375.00

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone: _____ Company Website: _____

E-Mail: _____

Product/Service description: _____

Standard Wattage Power Strip needed (by request only) Yes No

Please include my company logo on www.greaterstlouisdentalsociety.org
- email logo in .pdf, .jpg or .eps format to nikki@stlouisdental.org by 6/01/18

Names of Representatives attending:

- \$375 fee includes up to 4 representatives – additional representatives \$20.00 each
(maximum of 8 representatives per table reservation)

**We ask all participating vendors to please provide a raffle at their table.
GSLDS will provide entry tickets; drawing to be held at your table during event.**

Yes - providing a raffle No - not providing a raffle

PAYMENTS AND TERMS 100% of the total fee is due upon receipt of agreement

Check - payable to Greater St. Louis Dental Society Visa MasterCard

CC#

Expiration Date

Signature (indicates approval for charges on your account)

Credit Card Billing Address