

## **VENDOR REGISTRATION**

## \$399 Vendor Fee

mpany Name:		Website:			
dress:		Phone:			
7:		State:	Zip:		
ntact:	E-mail:		Phone:		
duct/Service descripti	on:				
	ded (by request only)		04 /02		
se email logo (high re	solution) to <u>nikki@stlouis</u>	sdental.org by //(	01/23		
Names of Represe	entatives attending, addition	onal representativ	es \$25 each (max of 8 per t	able reservation)	
	,		" The control of th		
			provide a raffle at their tal		
GSLDS will	provide entry tickets & en	ntry container; dra	wing to be held at your ta	ble during event.	
	☐ Yes - providing a ra	.ca. 🗆 N			
	ight res - providing a ra	arrie 🗀 No-r	ot providing a rattle		
Pre-purchase Drir	nk Tickets \$8.50 each, red	eemable for cock	tails, domestic & imported	l beer or wine.	
	# of drink	tickets included	in registration		
	Па				
	☐ Check - payable to	GSLDS L	VISA, M/C or AMEX		
CC#			Expiration Date	CVV	
	or charges on your account)		lit Card Billing Address		