ANNUAL SESSION 2017
September 14 – 16, 2017 • Ramada Plaza Fargo Hotel & Conference Center, Fargo, ND

GOLF OUTING
• Thursday, September 14, 12:00 p.m. (shotgun start)
  $70 per person (includes green fees & cart rental)
  Rose Creek Golf Course
  1500 East Rose Creek Parkway S., Fargo, ND

EXHIBITS SETUP
• Thursday, September 14 .............. 7:00 p.m. – 11:00 p.m.

EXHIBIT HOURS
• Friday, September 15 ................... 7:30 a.m. – 6:00 p.m.
• Saturday, September 16 ................ 7:30 a.m. – 1:30 p.m.

FEATURED SPEAKERS
Friday, September 15
Jack D. Griffin, Jr., DMD, MAGD
“Let’s Grow Tooth” ...................... 8:15 a.m. – 11:45 a.m.
“Let’s Grow Tooth” ........................ 1:00 p.m. – 4:00 p.m.

Saturday, September 16
Mel Hawkins, DDS, BScD(AN), FADSA, DADBA
“Medical Emergencies” ............... 8:15 a.m. – 11:45 a.m.
“Local Anesthesia” ........................ 1:00 p.m. – 4:00 p.m.

• 30 minute breaks morning and afternoon

ATTENDEE/EXHIBITOR SOCIAL IN EXHIBIT HALL
Friday, September 15 ................... 4:00 p.m. – 6:00 p.m.

THE PRESIDENT’S MIXER
Friday, September 15, 7:00 p.m. – 12:00 a.m., at the Ramada Plaza Fargo Hotel. To be attended by all dentists, hygienists, dental assistants, exhibitors and spouses. All Registrants for the Annual Session are welcome with no additional charge.

ADVERTISING IN THE CONVENTION PROGRAM
• All exhibitors with a paid registration by August 1, 2017, will be listed in the Annual Session Program.
• Additional advertising space may be purchased
  o Full Page (7 ½” x 4 ½”): .................... $175.00
  o Half Page (3 ½” x 4 ½”): ................... $125.00

EXHIBIT FEES & SPONSORSHIPS
(See Registration Form)

BOOTH SPECIFICATIONS
• 10’ x 10’ with back drapes and draped side rails
• 1 complimentary 8’ table and 2 chairs
• Electricity is available at all booths
• Extension cords may be required and will be the exhibitor’s responsibility
• Other voltages will require special handling. Advance arrangements and special charges are the responsibility of the exhibitor and are at the expense of the exhibitor.

Booths will be assigned on a first-come, first-served basis. All attempts will be made to place exhibitors with competing products or services away from one another. Early registration makes this possible. Assigned booth locations cannot be changed unless approval has been given by the Exhibits Chairperson.

Subletting or dividing exhibit space is not permitted, except with permission by the Exhibits Chairperson. Distribution of materials and displays must be limited to the booth space purchased.

The NDDA reserves the right to refuse any advertising, sponsorship, exhibitor, etc. at the discretion of our board of trustees and in the best interest of our members.
REMOVAL OF EXHIBITS
• Saturday, September 16, no earlier than 1:30 p.m.
  Removal must be completed by 7:00 p.m. unless advance arrangements have been made.

BOOTH CANCELLATION
• Prior to August 1, 2017, $100.00 will be retained to cover expenses incurred by the NDDA.
• Between August 2 and August 15 a 50% refund will be provided.
• After August 15, no refund will be provided.
  Extenuating circumstances are to be evaluated by the NDDA Board of Trustees.

CONTACT INFORMATION
NDDA CONTACT:
Tracy Stoppelmoor, Exhibits Chairperson
North Dakota Dental Association
PO Box 1332
Bismarck, ND 58502-1332
Phone: (701) 223-8870
Fax: (701) 892-7068
Email: assist.ndda@midconetwork.com

ROOM RESERVATIONS
Ramada Plaza Fargo Hotel (Event Location)
1635 42nd St. South
Fargo, ND 58103
Phone: (701) 277-9000
*Note: Ask for ND Dental Association group rates.

Expressway Suites (Additional Sleeping Rooms)
4303 17th Ave. South
Fargo, ND 58103
Phone: (877) 239-4303
*Note: Ask for ND Dental Association group rates.

LIABILITY
It is expressly understood and agreed between exhibitors and the Association that the Association shall be under no liability for loss of, or damage to, goods or property of exhibitors and each exhibitor, upon registration, expressly releases the North Dakota Dental Association from all liability. The Association shall not be responsible for any injury, loss, or damage that may occur to the exhibitor's officers, agents, employees or property prior, during, or subsequent to the period covered by this exhibit contract. All property of the exhibitor brought onto the premises by the exhibitor shall be at the risk of the exhibitor. The Association shall not be liable for any loss or damage thereto, or for any injuries to the exhibitors, its agents, officers, or employees. The exhibitor agrees to indemnify and hold harmless the North Dakota Dental Association for any loss or damage that may arise out of the premises described in this space contract.

STORAGE & SHIPPING
INFORMATION STORAGE:
The Ramada Plaza Fargo Hotel has agreed to receive freight for storage no more than 72 hours prior to the event. Be sure to note on the packages “Hold for the North Dakota Dental Association meeting, September 14-16”, and include the name of the person picking up the package on the outside. If you have any questions regarding the shipment of your product, please contact the Ramada Plaza Fargo Hotel at (701) 277-9000.

SHIPPING INFORMATION:
The Ramada Plaza Fargo Hotel
1635 42nd St. South
Fargo, ND 58103
Phone: (701) 277-9000
*Note on packages “Hold for the NDDA meeting, September 14-16.” Also, list the name of person picking up package on outside.
EXHIBITOR REGISTRATION FORM
NORTH DAKOTA DENTAL ASSOCIATION ANNUAL MEETING
September 14 – 16, 2017
Ramada Plaza Fargo Hotel, Fargo, ND

FIRM NAME ______________________________________________________________________________________________________

INDUSTRY TYPE | LAB, PRODUCTS, FINANCE, ETC. |______________________________________________________________

ADDRESS__________________________________________________________

NORTH DAKOTA TAX PERMIT NO. _______________________________________

CONTACT PERSON WITH YOUR COMPANY __________________________________

TELEPHONE # OF CONTACT PERSON ______________________________________

FAX #______________________________________________________________

E-MAIL ADDRESS ______________________________________________________

REPRESENTATIVE(S) ATTENDING CONVENTION ______________________________

MAKE CHECKS PAYABLE
AND RETURN FORMS TO:
NORTH DAKOTA DENTAL ASSOCIATION
P.O. BOX 1332
BISMARCK, ND 58502-1332

Contact Central Office For More Information:
Call: (701) 223-8870
Email: assist.ndda@midconetwork.com
Visit: www.smilenorthdakota.org/meetings-events

Credit Card payments, please call the Central Office – Visa & Master Card accepted.

EXHIBIT LEVEL DESIRED:

_____ $400.00 EXHIBITOR LEVEL
• Single (10’ X 10’) booth
• Skirted display table
• Company/organization name prominently displayed on sign at booth
• Regional exposure to approximately 400 healthcare professionals
• Company name included in exhibitor directory

_____ $600.00 BRONZE LEVEL (BREAK SPONSOR)
• Single (10’ X 10’) booth
• Skirted display table
• Company/organization name prominently displayed on sign at booth
• Regional exposure to approximately 400 healthcare professionals
• Recognition as Bronze Level Sponsor in exhibitor directory

PLUS
• Recognition as co-sponsor of refreshment breaks in convention program, at exhibitor booth, and on signage near refreshment table
• Recognition as Bronze Level Sponsor on signage in registration area

_____ $1000.00 SILVER LEVEL (PRESIDENT’S MIXER SPONSOR)
• Single (10’ X 10’) booth
• Skirted display table
• Company/organization name prominently displayed on sign at booth
• Regional exposure to approximately 400 healthcare professionals
• Recognition as Silver Level Sponsor in exhibitor directory and on signage in registration area
• Recognition as co-sponsor of President’s Mixer in convention program, at exhibitor booth, and at the President’s Mixer

PLUS
• ½ page ad (3½” x 4½”) designed and submitted by your company and placed in convention program
$1,250 GOLD LEVEL (SPEAKER SPONSOR)
- Single (10’ X 10’) booth
- Skirted display table
- Exhibit booth located in a high traffic area
- Company/organization name prominently displayed on sign at booth
- Regional exposure to approximately 400 healthcare professionals
- Recognition as Gold Level Sponsor in exhibitor directory and on signage in registration area
- Recognition as co-sponsor for the Speaker in convention program, at exhibitor booth, and at the Scientific Session

PLUS
- Full page ad (7 1/2” x 4 1/2”) designed and submitted by your company and placed in convention program

$5,000 PLATINUM LEVEL (ANNUAL MEETING SPONSOR)
- Single (10’ X 10’) booth
- Skirted display table
- Exhibit booth in a high traffic area of your choice
- Company/organization name prominently displayed on sign at booth
- Regional exposure to approximately 400 healthcare professionals
- Recognition as Platinum Level Sponsor in exhibitor directory and on signage in registration area, and exhibitor area
- Recognition as a sponsor for the Annual Meeting on the inside cover of the convention program, at exhibitor booth and a full page ad in the August Newsletter

PLUS
- Introduce Keynote Speaker before morning session and provide 5 minutes of information on your business.
  Limited availability – 1st come basis
- Includes 2 golf registrations for NDDA golf outing
- Double Booth (if needed)

DOUBLE BOOTH (10’ X 20’) *Desired Exhibitor Level Plus $275.00

NDDA GOLF SCRAMBLE
The NDDA Golf Scramble is open to all attendees and will be held on Thursday, September 14th at Noon with a shotgun start at the beautiful Rose Creek Golf Course. Please join us for an afternoon of golf. Registration fee is $70 per person.

HOLE SPONSOR OPPORTUNITY
As a hole sponsor, your company name will be listed in the Annual Session program and you can sponsor and setup at a hole of your choice on the course (1st come basis requests).

Hole Sponsor – $200

Additional Sponsorship Opportunity – if you are interested in another type of sponsorship (event, cart, meal, or contests) contact the Central Office, 701-223-8870 for more details.

NDDA GOLF SCRAMBLE REGISTRATION NAMES (Registration $70 per Person): (Please print clearly)
1.) ________________________________  4.) ________________________________
2.) ________________________________  5.) ________________________________
3.) ________________________________  6.) ________________________________
TOTAL : __________

ADDITIONAL ADVERTISING:
If you have selected Exhibitor or Bronze level and would like to place an ad, here are some options for you.
- Full Page (7 1/2” x 4 1/2“): $175.00
- Half Page (3 1/2” x 4 1/2“): $125.00

AD MATS MUST BE RECEIVED BY JULY 22, 2017.
Please submit camera-ready ad via e-mail to assist.ndda@midconetwork.com or mail to NDDA office at the address found in the Contact Information of this form.

$175.00 FULL PAGE
$125.00 HALF PAGE
TOTAL ADVERTISING PAID: __________

FOR OFFICE USE ONLY:
EXHIBITOR LEVEL (E B S G P) $__________
AD - 1/2 FULL $__________
GOLF # PLAYERS _______ @ $70 $__________
GOLF SPONSORSHIP Y/N $__________
ADVERTISING--EXTRA 1/2 FULL $__________
TOTAL PAID $__________
CHECK #_________ / CREDIT CARD
DATE PROCESSED:____________________