

EXHIBIT SPACE APPLICATION

29TH ANNUAL BUFFALO NIAGARA DENTAL MEETING
Sponsored by the University at Buffalo Dental Alumni Association

'Preview Night' Wednesday, October 25, 2006, 5:30 PM - 8:00 PM
Thursday, October 26, 2006, 8:00 AM - 5:00 PM
Friday, October 27, 2006, 8:00 AM - 2:00 PM
Buffalo Convention Center, Buffalo, NY

Company Name: _____

(As you wish it to appear on booth sign)

Your Name: _____

Address: _____

Telephone: _____ FAX: _____

Booths will be assigned in the order reservations are received, so we encourage you to reply as soon as possible to assure a favorable position.

(See reverse side for the configuration of available booths)
 Please choose exhibit space in order of preference:

1st choice _____ 2nd choice _____ 3rd choice _____

IMPORTANT: Briefly describe what products/services you plan to exhibit: _____

Company Representative(s) attending meeting: _____

Please address future correspondence concerning our booth to the attention of: _____

Address: _____ Phone: _____

A minimum deposit of one-half total booth cost must accompany this application. Balance due is payable by September 1, 2006, or with the application, if submitted after that date. Early payment discounts are available, as described in the attached contract. Exhibitor signing contract will be solely responsible for payment for booth(s).

Enclosed is our check for \$_____. Make check payable to UB Dental Alumni Association and **mail with both a signed application and Exhibit Space Subcontractor Agreement** to the UB Dental Alumni Association. A fully executed copy will be returned to Exhibitor as confirmation of space assignment as indicated. If a FAXed transmittal or photocopy is used by either party, then such copy shall serve as original.

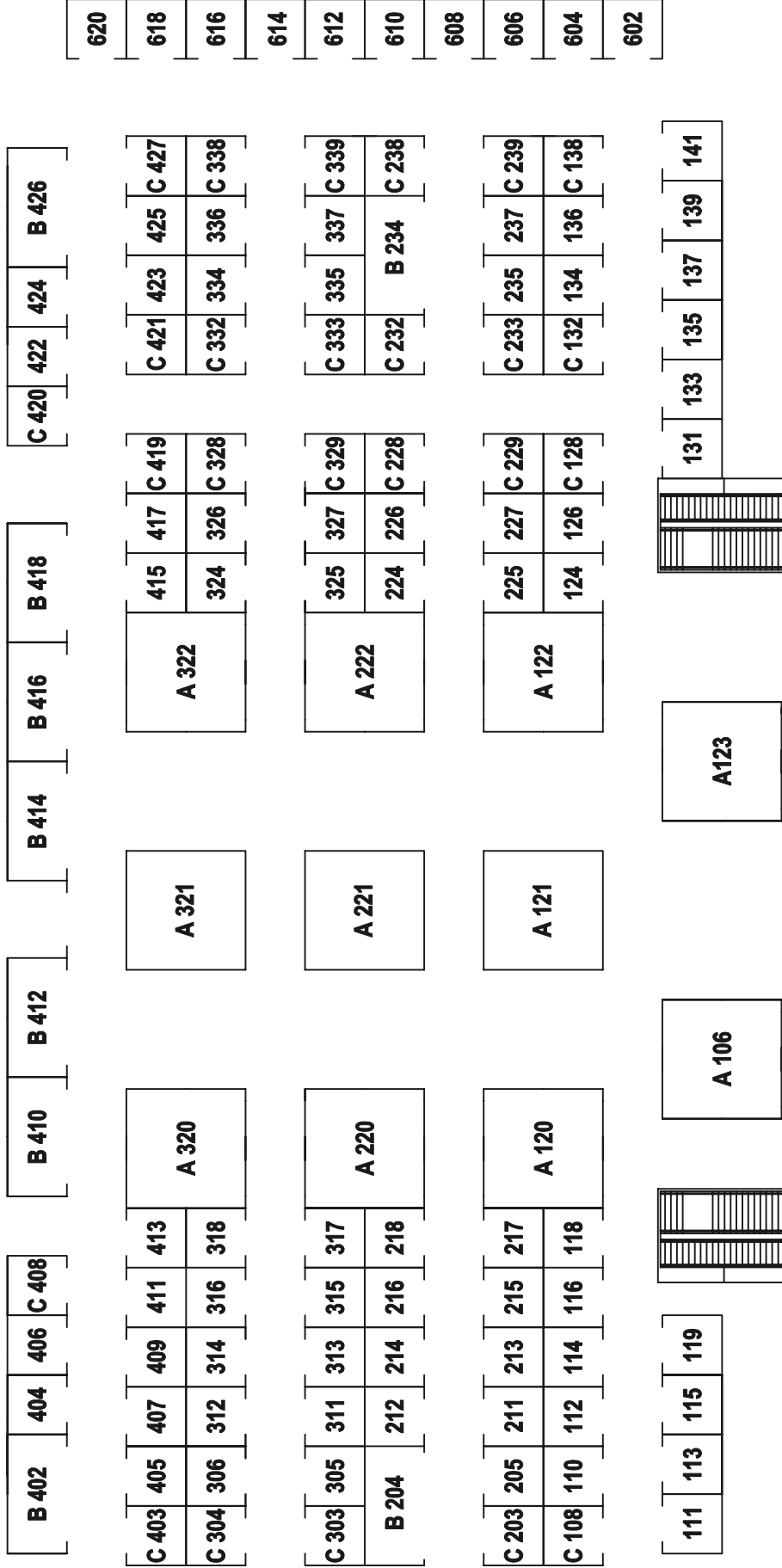
It is further understood and agreed that the rules and regulations contained in the attached agreement are binding. Your signature below verifies the above information and places the UB Dental Alumni Association in a position to issue the attached Contract.

Authorized Signature: _____ Date: _____

University at Buffalo Dental Alumni Association

337 Squire Hall, Buffalo, NY 14214-8006
 Tel: 800-756-0328 ext 2 or 716-829-2061;
 Fax: 716-829-3609

SPACE CONFIRMATION:	ALUMNI USE ONLY
Date received: _____	Check No. _____
Booth(s) Assigned: _____	Amt enclosed: _____
By _____	Date _____



BUFFALO NIAGARA DENTAL MEETING **BUFFALO CONVENTION CENTER** **October 25 - 27, 2006**