

**REGISTRATION FORM FOR EXHIBITORS
DENTAL MANAGEMENT COALITION
ANNUAL CONFERENCE
June 27 to June 29, 2010**

**Westin Annapolis
Annapolis, Maryland**
www.westin.com/annapolis

Name _____

Position _____

Company _____

Mailing
address _____

Phone (b) _____ Phone (h) _____

Cell _____ Fax _____

Email _____

Special requests

Registration Exhibitor fee \$1199
Sunday June 27th , Monday June 28th , Tuesday June 29th
Includes 3 day exhibitors space, 2 nights accommodations, continental breakfast,
Welcome Reception, Welcome Dinner
Additional nights at \$179 includes taxes, no meals
-or
Full day exhibitor table: \$600 for 1 day; \$899 for 2 days
Includes meals only, no hotel

For security reasons, all guests MUST be registered

Payment due: immediately
All fees are NON REFUNDABLE

**Please make check payable to DENTAL MANAGEMENT COALITION
c/o 322 Heathcote Road, Scarsdale, NY 10583
1.800.472.7410, ext 11 www.dmcnet.org**

