

HDA Annual Meeting

June 9-10, 2023 - San Antonio Marriott Riverwalk

Exhibitor / Sponsor Contract

EXHIBIT TABLE SELECTION

Enter the preferred table number(s) in order of 1st to 3rd choice and list the company (if any) you wish to exhibit near or away from. Table assignments are made on a first paid, first served basis. Every effort will be made to honor your request however, selections are not guaranteed and are dependant on availability or other circumstances beyond the HDA's control.

1st _____ **2nd** _____ **3rd** _____

I would like to be next to or across from _____

I do not want to be next to or across from _____

PLEASE INDICATE TABLE, SPONSORSHIP LEVEL OR OPPORTUNITY BELOW				AMOUNT
TABLE	EARLY BIRD RATE (Until Feb.10, 2023)	STANDARD RATE (Feb.11 - Apr.28, 2023)	QUANTITY	
30" x 72" Table Space	\$1,500	\$2,000		
SPONSORSHIP OPPORTUNITY		Exclusive Sponsor	Shared Sponsor	
Presidents Gala	\$15,000	\$7,500		
Exhibit Hall Grab N Go Lunch	\$10,000	\$5,000		
Coffee Break Sponsor	\$5,000	\$2,500		
Audiovisual Sponsor	\$5,000			
Badge Holder/Lanyards	\$3,000			
Tote Bags	\$3,000			
ADVERTISEMENTS		STANDARD RATE		
Full Page AD		\$750		
Half Page AD		\$400		
1/4 Page AD		\$250		
SPONSORSHIP LEVELS				
Platinum Sponsor		\$20,000 +		
Gold Sponsor		\$15,000		
Silver Sponsor		\$10,000		
Bronze Sponsor		\$5,000		
Supporting Sponsor		\$1,000		
TOTAL				

PAYMENT METHOD (Please select the preferred method of payment)

Credit Card: **Mastercard** **Visa** **American Express**

Company Name: _____

Name (as it appears on credit card) : _____

Card Number: _____ **Exp. Date:** _____ **CSC:** _____

Billing Address: _____

City: _____ **State:** _____ **Zip code:** _____

Check: (Payable to the **Hispanic Dental Association**)

Company Primary Contact: _____

Contact Phone: _____ **Contact Email:** _____

I agree that I have read, understand, and accept all terms of this agreement including full payment of all selected items and have read, understand, and accept all terms of the Contract Terms and Conditions.

Printed Name of Authorized Company Representative

Signature of Authorized Company Representative

Date