



VENDOR REGISTRATION

\$399 Standard Table Fee

\$450 Dealer Table Fee

Company Name: _____ Website: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Contact: _____ E-mail: _____ Phone: _____

Product/Service description: _____

Standard Power Strip needed (by request only) Yes No

Please email logo (high resolution) to nikki@stlouisdental.org by 7/01/24

Names of Representatives attending, additional representatives \$25 each (max of 8 per table reservation)

We ask all participating vendors to please provide a raffle at their table.

GSLDS will provide entry tickets & entry container; drawing to be held at your table during event.

Yes - providing a raffle No - not providing a raffle

Pre-purchase Drink Tickets \$8.75 each, redeemable for cocktails, domestic & imported beer or wine.

_____ # of drink tickets included in registration

Check - payable to GSLDS VISA, M/C or AMEX

CC# _____

Expiration Date _____

CVV _____

Signature (indicates approval for charges on your account)

Credit Card Billing Address

Greater St. Louis Dental Society ● 11457 Olde Cabin Road ● Suite 300 ● St. Louis, MO 63141
 314-569-0444 ● fax 314-569-0448 ● www.greaterstlouisdental.org ● laura@stlouisdental.org