



A Joint Publication of Suvison and the American Dental Association

This is a writeable .pdf file. Complete all sections, sign and print a copy for your records. Return application by email to: **SUVISON**, ada2012@suvison.com - http://www.suvison.com/ada2012.asp

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

Standard Space: US\$ 4,350 (10' x 10' booth) - Corner space: US\$ 5,300 (10' x 10' booth)

The space rentals entitles the exhibitor to space only, 8' back wall of drape and 3' side rail also of drape, and (1) 7" x 44" identification sign.

Any other booth structure or furniture is responsibility of the exhibiting company.

All booths have the same size, 10' x 10' (conversion: 10 ft = 3,048 meters).

As soon as we receive Application & Contract we will send you the invoice by and not later than the next five (5) days.

01. COMPANY DATA. The following company and product information will be used to produce all annual session printed materials and publications and online exhibitor search function. The data that you submit in this form will be published exactly as entered.

COMPANY NAME: _____
DIVISION OF: _____
ADDRESS: _____
CITY: _____ ZIP CODE: _____
STATE: _____ COUNTRY: _____
PHONE: _____ FAX: _____
E-MAIL: _____ WEBSITE: _____
EXHIBIT CONTACT PERSON: _____
TITLE: _____

02. BOOTH TYPE REQUESTED. Standard Space Corner Space Island

03. BOOTH SIZE REQUESTED. Minimum size 10' x 10' (1 booth).

1 booth 2 booths 3 booths 4 booths 5 booths 6 booths More ____
Booth numbers _____

04. BOOTH COST. US\$ _____ X _____ (no. of booths) = US\$ _____
* NOTES: _____

05. BOOTH I.D. SIGN. _____

06. PRODUCT TYPE. Refer to page 9 of the prospectus for a full listing of product types.

07. PRODUCT(S) NAME. _____

08. DATES & CONDITIONS OF PAYMENT. The total booth rental has to be paid in US funds and in two installments, according to the following conditions.

* The first payment corresponds to a 50% of the total booth rental, and must be paid by and not later than the next 15 days of the date of this Application & Contract For Exhibit Space. The second payment has to be done within 60 days of this application form.

* Regardless of the application date, all the payments have to be done by and not later than July 4, 2012.

If the payment has not been done by the dates mentioned, this Application & Contract For Exhibit Space will be automatically cancelled. Please consult CANCELLATION POLICY in the ADA2012 Exhibitor Prospectus for International Exhibitors.

09. METHOD OF PAYMENT. The accepted forms of payment include wire transfer and/or checks.

* All checks for payment of booth fees should be in U.S. Dollars and made payable to
SUVISON EUROPE S.R.L. – ONLY.

The checks should be mailed with copy of your completed application to:
SUVISON EUROPE S.R.L., Via F. Turati 16, 00040 Ariccia (RM), Italy

* For wire transfer payments, please make a bank transfer SWIFT to:

Swift Code BCITITMM,
IBAN IT94 Q030 6903 2341 0000 0000 241
in name of SUVISON EUROPE S.R.L.,
c/o SAN PAOLO IMI S.P.A.,
Agency 34, Via Genzano 1, Rome, 00179 ITALY.

10. EXHIBITOR PROSPECTUS. It is an integral part of the application process and all exhibitors must read it. Please note the application will not be processed unless you check here

I have read the ADA 2012 Exhibitor Prospectus for International Exhibitors.

By checking this box, I agree that I understand the rules and regulations related to exhibiting at the 2012 ADA Marketplace. I understand that ADA exhibitors who violate any of the policies, rules, regulations or exhibiting standards presented in this prospectus will be subject to sanctions as outlined in the Prospectus

NOTEWORTHY ITEMS

* **CERTIFICATE OF INSURANCE.** All of the exhibitors must have a valid certificate of insurance on file with ADA. They will not be able to construct their booth without one. Please refer to Exhibitor Prospectus for more information and sample of the certificate of insurance. The certificate has to accompany the application otherwise your booking will be void or cancelled.

* **CRITERIA FOR SUBSTANTIATION OF COMPARATIVE CLAIMS.** Please note that the ADA has strict policies on the making of comparative claims which must be adhered to. If the exhibitors make a comparative claim which cannot be substantiated on-site they will be asked to remove the material in question. Please refer to Exhibitor Prospectus for additional information.

* **FDA APPROVAL LETTER.** It is the sole responsibility of the exhibitor to conform to regulations of the FDA and all legal requirements for the content of claims made for products. Acceptance of exhibiting at the ADA Annual Session is not to be construed as a guarantee that the manufacturer has complied with such laws and regulations.

Place and Date: _____ Authorized Signature: _____

Print Full Name: _____ Title: _____

Please return the duly filled in and signed application by email to: ada2012@suvison.com. Thank you.