

Coupon Book Application Form



Orlando

American Dental Association
ANNUAL SESSION
OCTOBER 9 - 12, 2010

DEADLINE: August 13, 2010

Please complete this form and return it via U.S. Mail or courier along with your artwork on CD and payment (\$400 per coupon) no later than August 13, 2010

COMPANY

BOOTH #

CONTACT PERSON

ADDRESS

CITY

STATE

ZIP

COUNTRY

PHONE

E-MAIL

By applying to participate in the Coupon Book program, the exhibiting company agrees to abide by the following terms:

TERMS: Exhibitors who wish to participate in the Coupon Book program must complete, sign and submit this application—accompanied with their logo/artwork on a disk and payment of \$400 per coupon ordered. Orders, artwork and payment must be received in the ADA Exhibit Office no later than August 13, 2010. Eligible coupons shall be included in the Coupon Book on a first-come/first-served basis.

All copy submitted for inclusion in the Coupon Book is subject to review by the ADA. Coupons must be in good taste and not deceptive or misleading. ADA reserves the right to decline or prohibit any coupon from inclusion for any reason it deems appropriate, including but not limited to the following: (i) the coupon, in the ADA's judgment, is not suitable to or in keeping with the character of the Exhibition; (ii) the coupon contains comparative claims; (iii) the coupon is considered offensive in text or artwork; (iv) the coupon appears to violate federal, state or local law; (v) the coupon conflicts with or appears to violate the Constitution and Bylaws of the ADA, policies of the Association, or the ADA Principles of Ethics and Code of Professional Conduct; (vi) the coupon cannot offer specials, discounts, or give-a-ways for showsite purchases.

All exhibited products and services referred to in the exhibitor's coupon(s) must fully comply with the official published Exhibiting Standards of the American Dental Association. The exhibitor agrees to defend and indemnify the American Dental Association, its subsidiaries and affiliates, and their respective officers, trustees, directors, employees, agents and contractors, and hold them harmless in the event of any claims, causes of action or liability resulting from the exhibitor's application or participation in the Coupon Book program.

DISCLAIMER: Exhibitors who have placed coupons in this Coupon Book are solely responsible for any representatives, promises, claims, warranties or guarantees they make in the Coupon Book. The ADA makes no representations or warranties in regard to, and specifically disclaims any and all liability for damages arising out of, the accuracy, timeliness or completeness of the exhibitor's information in this Coupon Book.

PAYMENT AUTHORIZATION

CHECK NUMBER

Checks should be made payable to "ADA Exhibits."

OR Credit Card:

American Express MasterCard Visa Discover

I authorize ADA to charge the following to this credit card:

\$ _____

NAME AS IT APPEARS ON CARD

CREDIT CARD NUMBER

EXPIRATION DATE

SIGNATURE OF CARDHOLDER (REQUIRED)

To participate, complete this application by August 13, 2010. The ADA will only accept complete files and will not be responsible for compiling artwork or laying out the coupon. The ADA will not change the spelling of words or assume responsibility for composition errors, illegible writing or vague instructions. Coupon art size is 4.75" wide x 2.75" tall, black and white, in .jpg, .tif or .pdf format (fonts imbedded).

Mail order form, CD with camera ready artwork, and payment to:

American Dental Association
Attention: Barbara Kotynski, Exhibit Office
211 East Chicago Avenue, Suite 200
Chicago, IL 60611-2678
Telephone: 312.440.2876
E-mail: kotynskib@ada.org

Must be delivered by August 13, 2010