



**29th São Paulo International Dental Meeting
January 29 – February 01, 2011 - Exhibit Days**

APCD-Associação Paulista de Cirurgiões Dentistas
E-mail: comercial1.decofe@apcdcentral.com.br - Home Page: www.ciosp.com.br
Sole World Agent: **SUVISON AMERICA CORP.**

Type or clearly print this Application & Contract. Keep a copy for your records, and sign and mail or fax the original to:
E-Mail: sp2011@suvison.com - http://www.suvison.com

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

Standard Space: R\$/sqm 624 (raw space) + US\$/sqm 190 (extended basic set-up)
Corner Space: R\$/sqm 695 (raw space) + US\$/sqm 190 (extended basic set-up)
Aisle Space: R\$/sqm 445

The raw space rates will be invoiced in US Dollars according to the exchange rate on the date of your order.

The booth cost includes a special value-added service, i.e. all exhibitors will be entitled to a complimentary "virtual booth" in the SÃO PAULO PREVIEW SHOW ONLINE (available until January 28, 2011) and in the SÃO PAULO SHOW ONLINE (available until July 2011). They'll be featuring booth locations on the floor plan, company information, product range, Brazilian and/or international contacts requested, etc. It will enable potential visitors to stop by their booth, add it to their personal exhibition planner, ask for additional information on determined company and products by e-mail.

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

01. COMPANY DATA. Your company name, address, city, country, phone and fax numbers as shown on this form will appear in the Exhibition Catalog without additional cost:

COMPANY NAME: _____

DIVISION OF: _____

ADDRESS: _____

CITY: _____ STATE: _____

COUNTRY: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

E-MAIL: _____ WEBSITE PAGE: _____

EXHIBIT CONTACT PERSON: _____

TITLE: _____

02. WE REQUEST:

- Standard Space Corner Space Island
- Aisle Space Raw space Extended Basic Set-Up Booth number(s)

03. BOOTH SIZE REQUESTED. Minimum size 12m².

- 12 m² 15 m² 16 m² 24 m² 28 m² 30 m² 32 m² 40 m² 45 m² More than 45 m²

04. EXTENDED BASIC SET-UP INCLUDES THE FOLLOWING ITEMS WITHOUT ADDITIONAL COST:

Basic set-up includes booth sign, silver octanorm structure, white walls, gray carpeting, 1 spot light/3 sqm, 01 display counter (1m x .5m x 1m), 01 round table, 02 chairs, 01 waste basket, 01 electrical 110V / 500W outlet, cleaning, security, basic electricity and taxes.

EXCHANGE RATE: 1 US\$ = R\$ _____

BOOTH COST: US\$/SQM _____ X _____ = US\$ _____

AISLE COST: US\$/SQM _____ X _____ = US\$ _____

05. DATES & CONDITIONS OF PAYMENT. The total booth rental has to be paid in US funds and in three different payments and dates, 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. If the payment has not been done by the date mentioned, this Application & Contract For Exhibit Space will be automatically cancelled;

** The second payment corresponds to the balance due as follows:

50% BY AND NOT LATER THAN NOVEMBER 30, 2010: US\$ _____

*** Regardless of the Application date, all the payments have to be done by and not later than November 30, 2010;

**** 50% of total amount of this Application and Contract is the NON-REFUNDABLE DEPOSIT. Failure of the payment of the balance on the due dates may render the reservation liable to forfeit. All exhibitors must be in good financial standing with the APCD in order to be accepted.

Please consult CANCELLATION POLICY.

06. METHOD OF PAYMENT. Bank drafts and/or checks in U.S. Dollars payable to:

29th SÃO PAULO INTERNATIONAL DENTAL MEETING/APCD
Rua Voluntários da Pátria, 547 – CEP: 02011-000 – SÃO PAULO, SP, BRAZIL

WIRE TRANSFERS:

INTERMEDIARY BANK: JP MORGAN CHASE
ABA # 021000021
(SWIFT ADDRESS: CHASUS33)

ACCOUNT WITH BANK: ACCOUNT # 544773976
BANCO ITAU S.A. – NEW YORK BRANCH
SWIFT CODE: ITAUUS33

FINAL BENEFICIARY: APCD-ASSOCIAÇÃO PAULISTA DE CIRURGIÕES DENTISTAS
ACCOUNT NR: 309591USD2108

REFERENCE: PAYMENT OF INVOICE – 29th SÃO PAULO INTERNATIONAL DENTAL MEETING

07. PRODUCTS TO BE EXHIBITED BY YOUR COMPANY.

The Product Classification Form for the Guide to Technical Exhibits will be mailed out to your Company once the 50% NON REFUNDABLE DEPOSIT has been paid. The products of your Company will be listed and printed in the Exhibition Catalog without additional cost.

08. EXHIBITOR MANUAL. All exhibitors will receive timely exhibitors service kit containing complete information on the Exhibition and its rules and regulations. This manual is an integral part of this Application and Contract.

NOTEWORTHY ITEMS

1. It is the sole responsibility of the Exhibitor to conform to the regulation of the ANVISA and all legal requirements for the content of claims made for products. Acceptance of exhibiting at SÃO PAULO INTERNATIONAL DENTAL MEETING is not to be construed as a guarantee that the manufacturer has complied with such laws and regulations.
2. The Exhibitor is obliged, under penalty of having his contract terminated by operation of law, to send via mail to the address of the PROMOTER, within 30 (thirty) days before the start of the show, copies of documents issued by the Brazilian authorities (Federal, State and Municipal), authorizing the entry, sale and exhibition of products with a description of all those who will be exposed during the fair.
3. If the Exhibitor does not send copies of above documents within (30 days before the event), the promoter shall notify that termination of contract, breach of contract.
4. The EXHIBITOR is also obliged, prior to the start of the event, to provide the PROMOTER documentation related to the declaration and authorization of the Federal Revenue Entity in Brazil so it can enter into Brazilian territory with the display materials and / or material for sale, under the same penalty provided in the preceding clause.
5. With respect to products requiring refrigerated maintenance, it is the EXHIBITOR responsibility to maintain proper temperature conditions according to the recommendation of the Health Agency. EXHIBITOR is solely responsible in doing so towards Municipal Health authority.

Cancellation policy

1. The non-refundable deposit, as the name says, will not be refunded whatsoever;
2. Failure of the payment of the balance on the due dates mentioned in the invoice may render the reservation liable to forfeit. If the payment has not been done by the dates mentioned, the Application & Contract for Exhibit Space will be automatically canceled. In this case, the Organizer may assign the Exhibitor's space to any third party or parties or use the same for such other purposes as it may deem necessary, all without notice and without further liability to the Exhibitor;
3. If the Exhibitor shall seek to cancel its contract, written notice thereof shall be given to the Organizer by registered or certified mail. If such notice is received by the Organizer up to 151 days before the beginning of the Exhibition, the Exhibitor shall be entitled to a refund of money paid in excess of the non-refundable deposit. Upon receipt of any such notice of cancellation, the Organizer may assign the Exhibitor's space to any third party or parties or use the same for such other purposes as it may deem necessary, all without notice and without further liability to the Exhibitor;
4. If such notice is received up to 91 days before the beginning of the exhibition, the Exhibitor shall be entitled to a refund of money paid in excess of the non-refundable deposit, only if the space canceled by him has been sold to another Exhibitor. Upon receipt of any such notice of cancellation, the Organizer may assign the Exhibitor's space to any third party or parties or use the same for such other purposes as it may deem necessary, all without notice and without further liability to the Exhibitor.
5. If such notice is received within 90 days before the beginning of the exhibition, the Exhibitor shall not be entitled to any refund whatsoever. Upon receipt of any such notice of cancellation, the Organizer may assign the Exhibitor's space to any third party or parties or use the same for such other purposes as it may deem necessary, all without notice and further liability to the Exhibitor.

Place and Date: _____ Authorized Signature: _____

Print Full Name: _____ Title: _____