

2019

Conference on

ORAL HEALTH

Exhibitor Invitation

*Presented by
Oral Health Kansas, Inc.
Bringing people together to lead
innovation in overall health
for Kansans.*

**You are invited to
exhibit at the
2019 Conference
on Oral Health
presented by:**



ORAL HEALTH KANSAS

**November 8
K-State Olathe
Olathe, Kansas**

**Please use the attached form
to reserve exhibit space
at the
2019 Conference on
Oral Health.**

**Contact
Oral Health Kansas
with any questions:**

**info@oralhealthkansas.org
phone 785-235-6039
fax 785-235-5564**

Exhibitors will enjoy significant visibility with current and potential customers, including dentists, dental hygienists, safety-net clinics and local health departments.

Oral Health Kansas' conference offers the opportunity to make direct contact with individuals eager to learn about new products and services. There will be designated exhibit time to encourage visits to each exhibit.

Dental suppliers, non-profit organizations, and others are welcome to exhibit. This is a great chance to talk with individuals, showcase existing and new products, and increase awareness of your own organization.

Exhibits will be open from 7:30 am –4 pm on November 8. Doors open at 7 am. Please do not arrive earlier than 7 am.

The conference schedule will be designed to create significant opportunities for conference participants to enjoy the exhibits.

Exhibitors will have:

- A 6 foot table. A tablecloth will not be provided
- Two chairs, upon request
- Electricity, upon request
- Complimentary internet access
- Complimentary access to all conference meal functions and speakers

Reserve your exhibit space now!

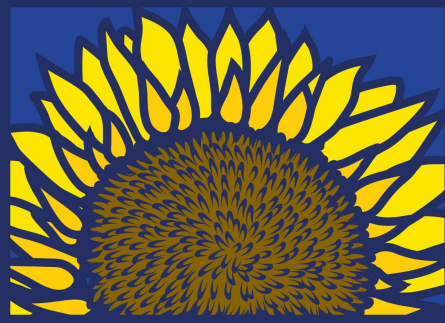


**A special early bird rate of \$350
is available until September 27**

After September 27 exhibit space will be available for \$500.

A 10% discount is available for returning exhibitors.

Organizations also may include samples or promotional materials in participant packets for \$250.



Exhibitor Agreement

Contact Information

Organization _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Exhibitors

Representative(s) staffing exhibit:

Name _____

Email _____ Phone _____

Name _____

Email _____ Phone _____

Early Bird Reservation (before September 27)	\$350 _____
Exhibitor Reservation (after September 27)	\$500 _____
Materials in Packets	\$250 _____
Returning Exhibitor Discount	-10% _____

Payment Information

✓ Payment method:

Check _____ Please send invoice _____ Credit Card _____
(payable to Oral Health Kansas, Inc.)

Credit Card Number _____ Exp Date _____ CVV _____
Card Holder Signature _____ Card Zip Code _____

✓ Please submit this form and payment to: Oral Health Kansas, Inc.
712 S. Kansas Ave., Suite 412, Topeka, KS 66603
info@oralhealthkansas.org
Fax: 785-233-5564

✓ Please email an electronic copy of your logo for promotional purposes.

**A confirmation will be sent upon receipt of this form.
Thank you for your support and participation!**