



Exhibitor Application

Exhibitor:

Company:

Name:

Telephone No:

Fax No:

E Mail:

Fee Paid (circle one): **\$2500 or \$1500 or \$500**

(\$500.00 for each Evening Meeting)
(\$1500.00 All Day Meeting)
(\$2500.00 All Day plus three Evening Meetings)

Mail payment with this form to:

DVAO
c/o Daniel E. Moore Jr., DMD
234 Mall Blvd
The Atrium Building
King of Prussia, PA 19406

Direct all inquiries to:

Dmor210@gmail.com
phone – (484) 716-2762