



Exhibitor Application

Exhibitor: _____

Company: _____

Name: _____

Telephone No: _____

Fax No: _____

E Mail: _____

Fee Paid (circle one): **\$3750 or \$2000 or \$750**

(\$750.00 for each Evening Meeting)
(\$2000.00 All Day Meeting)
(\$3750.00 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