



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 Miriam Ting, DMD, MS
250 W Lancaster Ave, Suite 215,
Paoli, PA 19301

Direct all inquiries to:

Dr. Kachlan
Kachlan@temple.edu
Cell (267) 4018885