



ATTENDEE MAILING LISTS



Make your presence known at this year's meeting. Survey and focus groups indicate overwhelmingly that attendees want to know ahead of time about show specials and new products. By doing pre-show promotion you ensure traffic to your booth. A post-show mailing reaches customers that may have missed you and those who plan to make purchases after the meeting.

Date _____ Booth Number(s) _____

Company Name _____

Agency (if applicable) _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Please check all that apply. Incomplete orders will experience delay in processing.

*An edited sample piece must accompany all orders. YDC reserves the right not to fulfill your request based upon the content of your mailing. Items included in lists are name, designation, company, and address. All orders are sent via e-mail in excel format, unless otherwise indicated. Allow 14 days for order to be processed. The lists are pulled weekly (Monday) beginning 11/29/2010.

Please indicate the date you prefer your list to be sent. _____

Selections

- | | | | |
|--|-------|--|-------|
| <input type="checkbox"/> YDC 36 Pre-Registered Doctors | \$400 | <input type="checkbox"/> YDC 35 Post Show Attendees | \$475 |
| <input type="checkbox"/> YDC 36 Pre-Registered Attendees | \$475 | <input type="checkbox"/> YDC 35 Post Show—Doctors Only | \$400 |
| <input type="checkbox"/> YDC 36 Post Show Attendees | \$475 | <input type="checkbox"/> Massachusetts Dental Society 2010 Member Roster | \$400 |
| <input type="checkbox"/> YDC 36 Post Show—Doctor's Only | \$400 | <input type="checkbox"/> Custom Report (Please call for details) | |

Term & Conditions of List Rental

List renter agrees to not resell, disclose, transfer, duplicate, reproduce or replicate any part of the list. List is limited to a one time usage solely to market or promote the above named exhibitor. List renter is permitted to use the list in merge/purge only for the purpose of eliminating duplicate names. In the event the list renter uses the list contrary to this agreement, the list renter will be held unconditionally responsible. Therefore, any and all costs incurred by Yankee Dental Congress in enforcing this agreement will be the responsibility of the list renter. There are no refunds for the renting of the list. It is clearly understood that Yankee Dental Congress in no way endorses any product or service or the above-mentioned exhibitor by renting the list. List renter agrees to indemnify and hold harmless Yankee Dental Congress from any and all claims, damages, losses or expenses, however incurred, occasioned by the use of the list. This agreement covers a 12 month period. It is understood that list orders are seeded with decoy names to monitor unauthorized use and use is tracked. Reuse of list will be invoiced. By signing this contract, you agree to the Terms and Conditions of the List Rental. (Signature required for processing)

Print Name _____ Authorized Signature _____

METHOD OF PAYMENT

Check enclosed payable to: Massachusetts Dental Society, Exhibits Department

MasterCard Visa American Express Amount Due: _____

Credit Card # _____ Exp. Date _____

Authorized Signature _____

Name of Cardholder (Please Print) _____

MAIL COMPLETED FORM WITH PAYMENT TO:

Massachusetts Dental Society
 YDC Exhibits
 Two Willow St., Suite 200
 Southborough, MA 01745

Tel. (508) 480-9797
 Fax. (508) 449-6152
 Email: exhibits@massdental.org