



**JANUARY 30 - 31, 2025**  
**Boston Convention & Exhibition Center**

# MULTI-SITE SUMMIT

**This unique two-day event is intended for: multi-site owners, DSO executives, leadership teams and clinical staff, key industry partners, and dental entrepreneurs.**

## APPLICATION FOR YANKEE MULTI-SITE SUMMIT EXHIBIT SPACE

**Thursday, January 30 and Friday, January 31 • 9:30 am - 4:00 pm**

All applications are subject to approval. Submission of application does not guarantee a booth assignment. The company name below will appear in Yankee Dental Congress communications as shown on this form. Please use appropriate capitalization. Complete a separate contract for each company or division. **Contracts will not be processed without the payment. Full payment is required for all contracts.** Space will be on a first come/first serve basis.

Company Name \_\_\_\_\_

Publication Name (if different from above) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Website \_\_\_\_\_

Email completed form to:

**exhibits@massdental.org**

Or mail with payment to:

**Massachusetts Dental Society  
Yankee Exhibits  
Two Willow Street  
Southborough, MA 01745**

### Exhibit Contact

Name \_\_\_\_\_ Contact Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### Type of Booth\*:

\_\_\_ Table Top Exhibit (No bannerstands or pop-up booths. Tablecloth only.) **\$2,850**

\_\_\_ 10x10 Booth with Pop Up Booth Display **\$3,850**

\_\_\_ Mini conference rooms 10x10 (4 chairs, small round table and waste basket) **\$850 per day**

\_\_\_ Sponsorship(s) \_\_\_\_\_ \$ \_\_\_\_\_

### List booth preferences below:

1st choice \_\_\_\_\_

2nd choice \_\_\_\_\_

3rd choice \_\_\_\_\_

Booths do not include electrical, furnishings, and other accessories. These items may be rented through the official service vendors, or provided by the exhibitor.

**Please see floor plan for options.**

**Companies with contracted booth space on the Exhibit Show Floor may take 20% off multi-site table/booth options.**

Companies are highlighted in all communications once fully contracted.

### Communications

**Yankee Multi-Site Summit will be featured in the Yankee Dental Congress Program Book, Digital Buyer's guide, on the Yankee Dental Congress website/mobile app, and email/direct mail advertising to prospective attendees. Additional marketing services may be purchased upon request after sign-up.**

### Method of Payment

Amount Due: \_\_\_\_\_

**Check enclosed payable to:** Massachusetts Dental Society, Exhibits Department

**Credit card:** Mastercard, Visa or AMEX

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

By providing this credit card information, I authorize the Massachusetts Dental Society to charge the above credit card.

**Reach out to [snadeau@massdental.org](mailto:snadeau@massdental.org) or 508.449.6032 to set up a credit card payment over the phone, or to discuss a payment plan. For your security, please do not email credit card information.**

We have read and will abide by the Rules & Regulations published within the 2025 Multi-Site Exhibitor Prospectus (including the Cancellation Policy) and agree they are part of this contract for exhibit space. Therefore, if we wish to cancel we will notify MDS in writing, if we do so by September 9, 2024 we receive a 50% refund, but if we give notice after September 9, 2024 we receive no refund.

**SIGNATURE REQUIRED** \_\_\_\_\_

DATE \_\_\_\_\_

**Please complete product code selection on the next page.**

Date Rec'd Contract \_\_\_\_\_ Payment \_\_\_\_\_

ID # \_\_\_\_\_ Priority Points \_\_\_\_\_

Order # \_\_\_\_\_ Booth Assignment \_\_\_\_\_