



ANNUAL CONVENTION

Exhibitor & Sponsorship Opportunities

2024

Maine Dental Association
29 Association Drive
Manchester, Maine 04351
207-622-7900

MDA ANNUAL CONVENTION

The largest event of the year, the Maine Dental Association invites you to be an exhibitor and/or sponsor at the Annual Convention. Join us in enriching the experience of attendees as they learn and hear from prestigious speakers, network with former and new colleagues, and most importantly, have fun! The exhibit floor is open on Friday, June 14, 2024, from 10am-4pm EST. Lunch hour is served buffet style allowing attendees to visit and walk the exhibit floors. Each attendee will be provided a punch card, encouraging them to visit all tables for an entry ticket to the raffle. Exhibitors & Sponsors logos will be displayed on the MDA Website, Annual Convention Program, and provided with an attendee list.

Exhibitor Details

Date of Exhibits: Friday, June 14, 2024

Location: Harborside Hotel, Spa, and Marina - Bar Harbor ME

Time: Exhibits are open from 10am to 4pm EST.

*Set-up can occur on Thursday, June 13, 2024, between 1-3pm or on Friday, June 14, 2024, any time after 8:30am.

Booth Description: 6-foot skirted table, two chairs provided. One (1) electrical outlet available, if needed. Limited space is available for floor displays. For more information, please call Angie at 207-622-7900. Exhibitors will receive booth assignments the morning of the exhibits.

Cost: Payment must accompany contract. Payment can be received by check or credit card. Two (2) box lunches will be distributed to each exhibitor in advance of the attendee lunch.

Preferred Business Partner..... \$900.00

General Business Partner.....\$950.00

Raffle: Attendee's will have the opportunity to use a punch card when visiting exhibits. We ask that you participate and sign off on their card when appropriate. The raffle will be held on Friday, June 14, 2024, during happy hour. We encourage you to donate an item of your choosing. Exhibitors are allowed to place one (1) business card into a raffle for a complimentary booth at next year's convention.

Character of Exhibits: The Maine Dental Association reserves the right to decline or prohibit any exhibit which, in its judgment, is not suitable to or is not keeping with the character of the exhibition. This provision is all-inclusive, and concerns persons, things, conduct, printed materials, and souvenirs.

Refunds: All cancellations must be in writing and received by the Maine Dental Association on or before May 24, 2024. If cancellations are received after May 24, 2024, the entire booth fee will be retained by the Maine Dental Association.

Hotel Reservations: The MDA is not responsible for your hotel reservations. There will be rooms blocked at a discounted rate but note that rooms are reserved quickly and often are sold out.

Products to be Mailed: If you need to mail products and/or equipment ahead, please mail to Bar Harbor Club, 111 West Street, Bar Harbor, ME 04609. Be sure to mark the package for the Maine Dental Association Annual Convention. Items may NOT arrive no earlier than seven days in advance. In addition, items MUST be picked up one (1) business day after the event.

Sponsorship Levels

Presenting Sponsor - \$6,000.00

- Full Page Ad in the Convention Program
- Sign at Exhibitor table
- Inclusion of literature and/or items in tote bags
- Two social media spotlights
- Logo on tote bags
- Opportunity to introduce speaker

Gold Sponsor - \$4,000.00

- Full page ad in the Convention Program
- Sign at Exhibitor Table
- Inclusion of literature and/or items in tote bags
- Two social media spotlights

Silver Sponsor - \$2,500.00

- Half page ad in the Convention Program
- Sign at Exhibitor Table
- Inclusion of literature and/or items in tote bags

Bronze Sponsor - \$1,500.00

- Third page ad in the Convention Program

Lanyard Sponsor - \$1,000.00

- Printed logo on all lanyards

Awards Sponsor - \$1,000.00

- Friday night happy hour
- Acknowledgement at Awards Event

Activity Sponsor - To Be Discussed

The Maine Dental Association is offering additional opportunities to sponsor a specific activity outside of being an exhibitor or general sponsor. Activity sponsors are specific to family friendly events and social hours. Interested parties, please contact Angie at 207-622-7900 or abelleflour@medental.org

*Events sponsored in the past: Lobster On The Lawn & Atlantic Brewing Social.

MDA ANNUAL CONVENTION FOR KIDS

2023 was the first year that MDA brought to life the Kids Convention. Kids Convention is just that, an event for children to hangout and meet new friends while their caregivers learn more about dentistry. Having a kids convention allows for this event to be more family friendly and a great way to make memories.

Sponsors logos will be displayed on the MDA Website & Annual Convention Program.

Sponsorship Levels

Gold Sponsor - \$2,000.00

- Logo on two activities
- Inclusion of literature and/or items in kids tote bags
- One social media spotlight
- Half page ad in the Convention Program

Silver Sponsor - \$1,000.00

- Logo on one activity
- Inclusion of literature and/or items in kids tote bags
- Quarter page ad in the Convention Program

Bronze Sponsor - \$800.00

- Inclusion of literature and/or items in kids tote bags



ANNUAL CONVENTION

2024 EXHIBITOR CONTRACT

Exhibiting Company: _____

(as will appear in program)

Address: _____

City: _____ State: _____ Zip Code: _____

Exhibitor Contact Name: _____ Phone: _____

(Name of point person for contract)

Email: _____

Product Information

Product(s) to be exhibited: _____

Our competitors are: _____

Names of individuals that will be on-site as a representative for the company. (No more than 3 reps per exhibit space). *Please print names for ID Badges.

1. _____

2. _____

3. _____

Item(s) for raffle: _____

Social Tags:

Facebook: _____

Instagram: _____

One (1) Electrical Outlet needed

Logo attached in a .png, .jpg, .pdf file *required

You are hereby authorized to reserve exhibit space for our use at the 2024 Annual Convention of the Maine Dental Association. We hold the Maine Dental Association harmless from claims of any nature arising from our occupancy of assigned space, or from activities of our employees or representatives.

Signature

Date

Print Name

2024 EXHIBITOR CONTRACT

Payment Authorization

To be listed in the program booklet given to all attendees at the convention, payment must be received by May 24, 2024. Please make check out to Maine Dental Association or complete credit card authorization form and mail to: MDA, PO Box 215, Manchester, ME 04351 or email to abellefleur@medental.org.



Thank you and see you at the 2024 convention!

Exhibitor Booth Selection

- Preferred Business Partner..... \$900.00
- General Business Partner..... \$950.00

Sponsorship Selection

- Presenting Sponsor..... \$6,000.00
- Gold Sponsor..... \$4,000.00
- Silver Sponsor..... \$2,500.00
- Bronze Sponsor..... \$1,500.00
- Lanyard Sponsor \$1,000.00
- Awards Sponsor..... \$1,000.00
- Event Sponsor..... Cost to be determined based on event.
- Kids Gold Sponsor..... \$2,000.00
- Kids Silver Sponsor..... \$1,000.00
- Kids Bronze Sponsor..... \$800.00

Total: _____

Signature

Date

Printed Name

*A refund of a prepaid reservation will be made upon written request to the Maine Dental Association on or before May 24, 2024. If cancellations are received after May 24, 2024, the entire booth fee will be retained by the MDA.



CREDIT CARD AUTHORIZATION

By signing this form, you give us permission to charge your credit card for the amount indicated below.

I, _____ (Cardholder), authorize Maine Dental Association (Merchant) to charge my credit card (as indicated below) for \$_____.

The payment is for the following: _____

BILLING INFORMATION

Billing Address: _____ City, State, ZIP: _____

Phone #: _____ Email: _____

CREDIT CARD INFORMATION

Card Type: Mastercard | VISA | Discover | AMEX | Other _____

Cardholder Name: _____

Card Number (#): _____

Expiration: _____ (mm/yy) CVV: _____ Cardholder ZIP: _____

CARDHOLDER SIGNATURE

I authorize the above named merchant to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods / services described above, for the amount indicated above only, and is valid for one (1) use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Disclaimer: A \$50.00 fee will be added to payment if provided information does not match credit card information on file with credit card company and has to be resubmitted to credit card company. By signing above you agree to these terms and conditions.

Cardholder Signature: _____ Date: _____

Printed Name: _____

Internal Use Only
Received By: _____
Date: _____