

# PRAIRIELANDEXPO2012

## EXHIBITOR'S MANUAL & APPLICATION

January 13 & 14, 2012 • Friday - Saturday  
Riverside Casino & Golf Resort • Riverside, Iowa



Sponsored by: Iowa Dental Laboratory Association

# EXHIBITOR INFORMATION

## Exhibitor Package Includes

- Two-day marketing opportunity
- One 8' x 10' booth with standard draping
- Two chairs
- One Company name sign
- Electrical

## Exhibit Hours

- Friday, January 13, 2012 • 6:00 p.m. - 9:00 p.m.
- Saturday, January 14, 2012 • 8:00 a.m. - 3:00 p.m.

## Cost Per Booth

\$595.00 - Additional Charges for Internet

## Payment Policy

For processing, a check for the full amount must be received with the application. All applications and checks must be received by September 1, 2011 to insure being listed in the printed programs. However, you may still register through December 31, 2011.

## Cancellation Policy

A \$50.00 service charge will be assessed on any cancellations prior to September 1, 2011. No refunds will be given after this date. Requests for refunds must be made in writing to IDLA - 403 Westridge Drive SW, Cedar Rapids, IA 52404.

## Set-up Hours

All exhibitors must set up their displays on Friday, January 13, 2012, between the hours of 2:00 p.m. and 5:00 p.m.

## Take-Down Time

All exhibits must be completely torn down and removed from the Exhibit Hall before 5:00 p.m. Saturday, January 14, 2012.

## Assignment of Booths

The Iowa Dental Laboratory Association will make final assignments of booths.

## Decorator Services

Information and forms for ordering additional items through our decorator, (Spielman's Event Services) will be mailed to Exhibitors prior to the show.

## Shipments

All items shipped into and out of this convention will be handled by our decorating company. Information on their shipment policies will be included in their package that you will receive a few weeks prior to the show.

## Subletting

The exhibiting company whose name appears on the application shall use the assigned space exclusively for exhibiting their own products. The Exhibitor may not assign or sublet any of the space to another person or company.

## Security

The IDLA will not assume any liability or responsibility for the safety or security of the exhibitor, employees, displays or other property.

## Insurance & Liability

The IDLA requires exhibitors to have insurance to cover any claims that may arise from this meeting. The IDLA, its agents and employees, shall be held harmless for any liability or claims which may arise from this meeting.

## Hotel Reservations

Reservations may be made at the Riverside Casino & Golf Resort by calling 877-677-3456. You must let them know you are with the Iowa Dental Laboratory Association - Prairieland Expo 2012 meeting in order to get convention prices on rooms. A block of rooms are being held until December 31, 2011.

# APPLICATION FOR EXHIBITION

*Please type or print all information requested on this application.*

## Company

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

## Name of Person Submitting Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

List any exhibitors or products you do not desire to be located near.

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List any exhibitors or products you do desire to be located near.

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Please give a brief description of your services or products you will be exhibiting.

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**We must have the following information. Please notify us if there are any changes prior to the show.**

*Name of representative(s) to work this meeting.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**The Iowa Dental Laboratory Association is offering all exhibitors additional sponsorship opportunities:**

*Each sponsorship will be sold on a first-come, first-serve basis.*

**Promotional Item - Notebooks - \$350**

Sponsor a promotional item. A notebook will be handed out to each attendee at the conference with IDLA and your logo.

**Breakfast - \$250**

Sponsor breakfast for attendees at the start of the conference. Sponsor logo and messaging will appear at the buffet line.

**Lunch - \$500**

Sponsor lunch for attendees. Sponsor logo and messaging will appear at lunch table.

**Cocktail Reception - \$750**

Sponsor cocktail reception for attendees to kick-off the Prairieland 2012 event.

We \_\_\_\_\_ wish to purchase the following

(Company Name)

ITEMS TO BE ORDERED	COST	NUMBER	TOTAL
<b>2012 Prairieland EXPO</b>			
<b>Exhibit Booth</b> is one 8' x 10' booth with standard draping, table, chairs and company signage.	<b>\$595.00</b>		
<b>Promotional Notebooks</b>	<b>\$350.00</b>		
<b>Breakfast</b>	<b>\$250.00</b>		
<b>Lunch</b>	<b>\$500.00</b>		
<b>Cocktail Reception</b>	<b>\$750.00</b>		
<b>Advertisement:</b> 2012 Prairieland Brochure Advertisement: Deadline – October 1, 2011. Email advertisement in high res file to karen@creativeoccasions.net			
<b>Full page</b>	<b>\$250.00</b>		
<b>Half page</b>	<b>\$175.00</b>		
<b>Quarter page</b>	<b>\$100.00</b>		
<b>2011-2012 Website Advertisement:</b> add your company advertisement and URL Link to the IDLA website for 1 year.	<b>\$500.00</b>		
<b>TOTAL COST</b>			

**Please make checks payable to: Iowa Dental Laboratory Association**

Mail to: Karen Woods  
 Iowa Dental Laboratory Association  
 403 Westridge Drive SW  
 Cedar Rapids, IA 52404

*If you have any questions, please call Karen at 319-265-4255 or e-mail at karen@creativeoccasions.net*

**Person to contact concerning confirmation and items needed for meeting.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Signature of Person Authorized by Company

Date

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