



Dear Exhibitor

Annual Saratoga Dental Congress

On May 8 & 9, 2025 the Fourth District Dental Society of New York State will be hosting our annual Saratoga Dental Congress (SDC). The meeting will be held at the Saratoga Springs City Center in Saratoga Springs, NY. We anticipate approximately 300 attendees and 30+ exhibitors. *We have a new format this year, with vendor set up on THURSDAY MAY 8 12pm- 4 and doors open for attendees at 4PM, Welcome Reception at 5:30, CE at 6:30

BOOTH FEES

A fully draped booth with one table and sign bearing your company name is \$695. The fee includes lunch for two company reps. For each company rep *over two*, the charge for lunch will be \$50.00 per person, per day. Take advantage of the Early Bird Rate (\$695), hotel room block and choice of booth by submitting your registration form and payment by April 1, 2025. Post-deadline, the fee increases to \$725, first come first served for booth preference. Payment for booth space must be received by April 15, 2025.

EXHIBITOR KIT & SET-UP

An exhibitor kit will be sent to each registered exhibitor approximately 3-4 weeks before the meeting. The kit will contain an order form to request furniture and accessories, electric power, special signs, labor and drayage. Payment for these services is to be made to Clifton Park Convention Services (CPCS). Your exhibiting materials will also be shipped to CPCS.

The exhibit hall will be available for set-up from 12Noon-4:00PM on Thursday, May 8. Attendees will begin arriving Thursday at 4 PM and Friday at 7:30AM.

HOTEL INFORMATION

We have hotel room blocks for meeting attendees at the Hilton, Holiday Inn and Courtyard. Please visit [our website](#) for links to the room blocks, registration and to visit the SDC vendor page listing exhibitors.

PAYMENT INFORMATION

Please return the registration form (below) with payment to the Fourth District Dental Society PO Box 302 Saratoga Springs, NY 12866. **Make checks payable to Fourth District Dental Society**. If paying by credit card you may [register online](#), or use the form below to fax or call the district office with your card number at (518) 371-1114. Thank you for your participation and we look forward to seeing you at our Saratoga Dental Congress.

... See Registration Below ...

SDC EXHIBITOR REGISTRATION

Company _____

Contact _____

Mailing Address _____
City _____ State _____ Zip _____

Email Address _____

Need Internet Access (add'l fee) Yes No

Exhibitor Representative Names

(1) _____ (2) _____

Booth Sign Should Read:

Fee - 1 (8 x 10) booth \$ 695 \$ _____
(includes booth, sign, table, table cover, 2 chairs & 2 lunches Friday)

Lunch & Learn Friday 12-1 limited to 3 sponsors ~~\$ 300~~ \$ FULL

Purchase additional lunches @\$50 pp \$ _____

Thursday Welcome Reception Sponsor (limit 2 sponsors) \$ 500 \$ _____

Speaker Sponsor – Premium booth, Signage at Lecture, List \$2000 \$ _____

Total \$ _____

[Register Online](#)

Send Check

Fourth District Dental Society
PO Box 302
Saratoga Springs, NY 12866

Fax 518.851.1601

Name _____

Credit Card # _____ Exp. _____ Sec Code: _____

Billing Address _____
City _____ State _____ Zip _____

