

NorthCoast

Spring Meeting



Discovering the Possibilities with North Coast

Thursday & Friday
May 7 and May 8, 2009



200 Treeworth Boulevard • Cleveland, OH 44147 • Phone 440.717.1891 • Fax 440.717.1894

2009 Exhibitors Prospectus



NORTH COAST SPRING MEETING

200 Treeworth Blvd.
Cleveland, OH 44147

Dear Prospective Exhibitor:

This is an invitation to exhibit at the 21st Annual North Coast Spring Meeting. The meeting will be held at the I-X Conference Center in Cleveland, Ohio, located near the Cleveland Hopkins Airport. The event is being held on Thursday, May 7 and Friday, May 8, 2009.

Our event experiences growth each year – top speakers attract an audience of up to 2,200 participants. Dentists and their staff visited a record-breaking ninety exhibitors in 2008, where they learned about new products and ideas for their practices.

The I-X Convocation Center is fully carpeted and beautifully decorated to enhance any exhibit space, our show colors are purple, teal and white. Your package will include a 10' x 10' curtained space with counter, chairs, wastebasket and a sign specifically yours. The prior representatives to the show appreciated the **free parking**, ease of moving in and out **all on one floor**, and **complimentary breakfast and lunch**.

The Greater Cleveland Dental Society, Lorain County, Medina County and Northeastern Ohio Dental Societies comprise the North Coast Spring Meeting. Once again, we would like to extend the opportunity for you to join us. If you are a past participant – please come again. If you are looking at attending for the first time – we believe the meeting will benefit you and your company.

An application for booth space is enclosed. For a choice location, please reserve your booth space now. We look forward to you being a part of the 2009 North Coast Spring Meeting.

Gregory Beten, DDS and Michael Stern, DDS, 2009 NCSM Planning Committee Co-Chairs

FOR ADDITIONAL INFORMATION ON THIS EVENT CONTACT

Margaret Morrish or Carla Alderdice at (440) 717-1891 or by fax at (440) 717-1894

- ★ Booth Reservations & Assignments
- ★ Submitting new product/ service information
- ★ Advertising opportunities
- ★ Prize donations

IMPORTANT EXHIBITOR INFORMATION

IF YOUR CONTRACT IS RECEIVED WITH PAYMENT IN FULL BY MARCH 1, 2009
your company will be listed in our on-site brochure distributed to all Spring Meeting participants!

IN ADDITION WE OFFER THE FOLLOWING DISCOUNTS: 10% OFF FOR 2 SPACES • 15% OFF FOR 3 SPACES

CALL US TODAY TO RESERVE YOUR SPACES

ANY BOOTH – \$650.00

NORTH COAST SPRING MEETING, INC. • Phone (440) 717-1891 • Fax (440) 717-1894

GENERAL INFORMATION

BOOTH REGISTRATION

Complete the enclosed application and forward with minimum of 50% deposit of total booth rental fee. All applications must be approved by the Committee. Deposit refunds are subject to approval.

Names of all representatives must be listed on contract form. A NCSM registration badge must be worn at all times and may not be reassigned to another individual.

SPACE ASSIGNMENT

Insofar as possible, space will be assigned in accordance with the exhibitor's preference. Space not fully paid for by March 1st, will be subject to cancellation or reassignment without refund. Subletting or reassigning any or all of the space allotted is prohibited.

PAYMENT

Minimum deposit of 50 percent must accompany application. Checks should be made payable to **The North Coast Spring Meeting, Inc.** Credit card payment will also be accepted. Booth prices for the year 2009 will be one set price of \$650 for each booth. Booths are 10' X 10' and include counter, stools, drapery and identification sign.

BOOTH SPACE RESTRICTIONS

Exhibitors will be required to arrange displays so as not to obstruct the general view or to conceal other exhibits. The use of sound equipment will be prohibited. Aisles space may not be used for exhibit purposes in any manner.

INSURANCE – LIABILITY

Neither the North Coast Spring Meeting, Inc. nor the I-X Center, its parent corporation, subsidiaries and all affiliated companies, shall be held responsible for the safety of exhibits against theft, fire, accident, or any destructive cause, nor for accidents to exhibitors, or their employees. A security officer will be furnished without charge to you, day and night.

EXHIBIT HOURS

Thursday, May 7, 2009	8 am-5 pm
Friday, May 8, 2009	8 am-4 pm

INSTALLING AND DISMANTLING OF EXHIBITS

Booths will be available for setting up exhibits from 1:00 pm - 7:00 pm, Wednesday, May 6th. Move-out will be Friday, May 8th between 4:00 pm and 7:00 pm. Exhibits must be removed from the floor by 7:00 pm, Friday, May 8th; however, no one will be permitted to dismantle before 4:00 pm.

MATERIAL HANDLING

Exhibitors will be allowed to hand-carry or use a two-wheeled dolly for materials through the designated handicapped door at the 2-East entrance of the I-X Center, on Wednesday and Friday evening only.

Application for Exhibit Space

The North Coast Annual Spring Meeting

I-X Center

Near Cleveland Hopkins Airport – May 7 & 8, 2009

INSTRUCTIONS: Type or print this application. Sign and return one copy with the required rental fee per spaces selected.

MAIL REGISTRATIONS: North Coast Spring Meeting, Inc.
200 Treeworth Blvd., Cleveland, OH 44147

BOOTH RENTALS: Registrations received **prior to March 1, 2009:**
Return completed and signed application along
with 50% deposit per space. Balance is due by March 1, 2009.

Registrations received **after March 1, 2009:**
Return completed and signed application
along with 100% payment per space.

To be governed by all other terms, conditions, rules and regulations as set forth in the official printed prospectus, a copy of which we have received.

Firm: _____

Phone #: (_____) _____ Fax #: (_____) _____

Address _____

City, State & Zip _____

By _____, _____
(SIGNATURE) (Title)

Printed Name _____, _____
(E-mail)

You are hereby authorized to reserve space(s) for our occupancy in the Exhibit Area. We agree to pay the North Coast Spring Meeting, Inc. a rental charge of \$650.00 per booth space. Our preferred booth space(s) are as follows:

CHOICE AND BOOTH NUMBER(S) (See Exhibitor Prospectus for floor plan)

First # _____ Second # _____

Third # _____ Fourth # _____

1. Please indicate below the EXACT copy you wish to appear on your booth sign:

Firm or Trade Name _____

2. Names of Representatives attending meeting: (If address above is not in Ohio, provide address for any local representatives.)

3. Please list below all products you plan to exhibit (underline products that will be featured).

The information requested above will assist us greatly in making final booth assignments. We appreciate your cooperation in providing complete details.

CHECK # _____

CREDIT CARD # _____

EXP. DATE _____

NAME _____

SIGNATURE _____

office use only

Space Assigned _____

DEPOSIT RECEIVED DATE _____ \$ _____

BALANCE DUE BY MARCH 1, 2009 \$ _____

BALANCE PAID DATE _____ \$ _____