

2017 NORTH COAST SPRING MEETING

WEDNESDAY, MAY 3, 2017

A WINNING COMBINATION FOR THE ENTIRE DENTAL TEAM

KNOWLEDGE



Interdisciplinary Orofacial Pain Symposium

SKILL BUILDING

Energize Your Team with Ritz Carlton Speaker
Cindy Novotny

PRACTICE TOOLS

OSHA Regulation
2D & 3D Radiology Diagnostics



EXCITING PROGRAMS
FOR THE ENTIRE TEAM

2017 EXHIBITOR PROSPECTUS



NORTH COAST SPRING MEETING WEDNESDAY, MAY 3, 2017



**EMBASSY SUITES
5800 ROCKSIDE WOODS BLVD.
INDEPENDENCE, OH**

We are very pleased to announce our new venue Embassy Suites–Independence for 2017. Exhibitors will experience a great new single floor layout that will allow attendees easy access to and from course rooms and the Exhibit Hall.

Exhibitors will be provided with a 6' skirted table and two chairs. Electricity will be available for an additional fee of \$25.00. Please be sure to indicate on the application and include the additional fee with your payment if your company will need access to an electrical outlet.

Exhibit Hours 7:30am to 2:00pm

A complimentary breakfast and lunch, as well as free parking are provided for exhibitors.

Embassy Suites is the official hotel for North Coast Spring Meeting at a rate of \$129.00 if reserved by April 2, 2017. Rooms are subject to availability. To make your reservation call 216-986-9900 and ask for group name North Coast Spring Meeting or code GCD, or online at www.clevelandindependence.embassysuites.com. Online be sure to enter group code GCD.

TWO WAYS TO PROMOTE YOUR COMPANY

1. Corporate Sponsorship – \$1,500.00

- Company listed in North Coast 2017 Attendee Program–mailed to over 5,000 dentists (*registration and payment must be received by January 1, 2017*)
- Company listed in all North Coast 2017 advertising
- Company name and logo to appear on screen at beginning of all courses
- Prominent listing in "On-Site" brochure distributed to all attendees
- Exhibit Table

2. Exhibitor – \$465.00

- Exhibit Table
- Company listing in "On-Site" brochure distributed to all North Coast attendees (*registration and payment must be received by April 1, 2017*)
- 10% discount on two or more tables (*tables may not be shared to receive this discount*)

GENERAL INFORMATION

EXHIBITOR REGISTRATION

Complete the enclosed application and forward with payment. Exhibitor fee includes admission credentials for two representatives. Additional representative credentials may be purchased for \$25.00 each. All applications must be approved by the NCSM Committee.

Names of exhibitor representatives must be listed on the application form. A NCSM badge must be worn at all times during show hours and may not be assigned to another individual.

CANCELLATION POLICY

All cancellations must be in writing. Cancellations received before March 1, 2017, will be assessed a \$50.00 administrative fee per exhibitor table. No refunds will be issued after March 1, 2017.

SPACE ASSIGNMENT

Space will be assigned on a first come basis. Subletting or reassigning of any space is prohibited.

PAYMENT

Full payment must accompany application. Checks should be made payable to North Coast Spring Meeting (NCSM). Credit card payment will also be accepted.

TABLE 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. Aisle space may not be used for exhibit purposes in any manner.

INSURANCE-LIABILITY

Neither the North Coast Spring Meeting, Inc. nor Embassy Suites, 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.

EXHIBIT HOURS

Wednesday, May 3, 2017 7:30am to 2:00pm

INSTALLING & DISMANTLING EXHIBITS

Tables will be available for setting up exhibits at 6am Wednesday, May 3rd. All exhibits must be completed by 7:30am. Move out will be Wednesday, May 3rd from 2:00pm to 4:00pm. No exhibits may be removed before 2:00pm.

MATERIAL HANDLING

Exhibitors will be permitted to hand carry or use a two wheeled dolly to bring materials into the Embassy Suites. Exhibit Hall is located on the first floor. It is suggested that you park to the right (North Side) of the main entrance and enter through the doors marked "Ballroom."

THE GREATER CLEVELAND, LORAIN COUNTY, MEDINA COUNTY AND NORTHEAST OHIO DENTAL SOCIETIES COMPRISE THE NORTH COAST SPRING MEETING

WE WISH TO THANK YOU FOR YOUR SUPPORT AND LOOK FORWARD TO A SUCCESSFUL 2017 MEETING

**NORTH COAST
SPRING MEETING**

200 Treeworth Boulevard
Cleveland, Ohio 44147

PRSRT STD
U.S. Postage
Paid
Cleveland, OH
Permit No. 623

**JOIN US!
WEDNESDAY,
MAY 3, 2017**

APPLICATION FOR EXHIBIT SPACE

The North Coast Annual Spring Meeting Embassy Suites, Independence Wednesday, May 3, 2017

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

SUBMIT APPLICATIONS: Mail: North Coast Spring Meeting
200 Treeworth Blvd., Cleveland, OH 44147
Fax: (440) 717-1894
E-mail: info@northcoastspringmeeting.com

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 Hall. We agree to pay the North Coast Spring Meeting, Inc. a rental charge of: \$1,500.00 or \$465.00.

Exhibit Table(s) Choice (See floor plan on back cover)

First Choice # _____ Second Choice # _____
Third Choice # _____ Fourth Choice # _____

Electricity Needed: ___ Yes ___ No
(Include \$25.00 electricity fee with payment)

1. Please indicate below the EXACT copy you wish to appear in the On-Site Brochure:

Firm or Trade Name _____

Address _____ Phone #: (_____) _____

2. Names of Representatives attending meeting:

1. _____ 2. _____

Names of additional Representatives at \$25.00 per person (payment must be included)

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

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

Information provided will appear in the On-Site Brochure

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 _____ CVV CODE _____

NAME _____

ZIP CODE ASSOCIATED WITH CARD _____

office use only

Space Assigned _____

PAYMENT RECEIVED DATE _____ \$ _____

EXHIBIT HALL LAYOUT

