



**HILLSBOROUGH COUNTY  
DENTAL ASSOCIATION**

AN AFFILIATE OF THE WEST COAST DISTRICT,  
AMERICAN & FLORIDA DENTAL ASSOCIATIONS

**Sponsorship/Exhibitor Agreement**

Please check level of participation:

\_\_\_\_ Social Hour Sponsor \$5000

\_\_\_\_ Diamond Sponsor \$3750

\_\_\_\_ Ruby Sponsor \$2500 Please select **three** general meetings from choices listed below.

\_\_\_\_ Emerald Sponsor \$1750 Please select **two** general meetings from choices listed below.

\_\_\_\_ Exhibitor \$475 Please select **meeting** from choices listed below.

2017-18 General Membership Meetings:

\_\_\_\_ **September 26**    \_\_\_\_ **November 14**    \_\_\_\_ **January 23**    \_\_\_\_ **March 27**    \_\_\_\_ **May 22**

Company \_\_\_\_\_

Contact Person \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Rep. Attending \_\_\_\_\_ Email \_\_\_\_\_

Rep. Attending \_\_\_\_\_ Email \_\_\_\_\_

Rep. Attending \_\_\_\_\_ Email \_\_\_\_\_

Rep. Attending \_\_\_\_\_ Email \_\_\_\_\_

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

Telephone \_\_\_\_\_ Website \_\_\_\_\_

**By signing this, I agree to participate and abide by all the rules set forth by the HCDA for exhibiting. Rules and regulations are listed below and can be found on the organization's website [www.hcdafla.com](http://www.hcdafla.com).**

Signature \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Please make checks payable to HCDA and return with this contract to:

**HCDA • PO Box 592658 • Orlando, FL 32859 or Fax to (407) 704-3869**

We also accept Visa/MasterCard/American Express

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address: \_\_\_\_\_ Security Code \_\_\_\_\_

*Credit card information will be destroyed once processed.*

**Questions? (813) 447-3452 or email: [hcda@hcdafla.com](mailto:hcda@hcdafla.com)**



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**NEWSLETTER ADVERTISING**

Issuance: September, November, January, March, May

Closing Dates: August 31, October 18 (November issue), December 15, February 15 and April 15

Circulation: HCDA Members – 300+

Cancellations: Ad cancellations will not be accepted after the closing date

Distribution: Electronic Newsletter

Artwork: .jpg files (email to [hcda@hcdafla.com](mailto:hcda@hcdafla.com))

	<b>Rates</b>	
	<u>One time</u>	<u>Five Issues—20% Discount (Must be pre-paid in full)</u>
Full Page 600 x 800px	\$160.00	\$640.00
Half Page 300 x 400px	\$ 90.00	\$360.00

*All advertising is subject to the approval of the HCDA Editor. The HCDA Editor reserves the right to reject any advertising and to edit as deemed appropriate. The editor does not assume liability to content of advertising matter. Rates effective September 2017 and are subject to revision. Questions? 813-447-3452.*

Buyer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Size of Ad: \_\_\_\_\_ Months to Run: \_\_\_\_\_

**Payment must be made in advance. Thank you.**

*Please make checks payable to HCDA. We accept Visa/Mastercard/American Express*

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name it appears on card: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send form and payment to: Hillsborough County Dental Association, P.O. Box 592658, Orlando, FL 32859. Ads may be emailed to: [hcda@hcdafla.com](mailto:hcda@hcdafla.com).

**Hillsborough County Dental Association**  
**Sponsor/Exhibitor Rules and Regulations**

1. Eligibility – Sponsors/Exhibitors participate by invitation only, and this Association reserves the right in these selections at all times. The Association reserves the right to (a) reject any application to exhibit products or services for any reason, with or without cause, or to (b) locate space assignments, with prior notice to the exhibitor, in order to develop balance against congestion, to avoid confusion in firm names, to solve competition or similar reasons.
2. Exhibitor's Representatives – The executed agreement must carry the names of the exhibitor's authorized representatives.
4. Liability and Security – It is agreed that exhibitors shall indemnify and hold harmless the Hillsborough County Dental Association (HCDA) and the meeting venue from all liability which might ensue from any cause whatsoever. The Hillsborough County Dental Association will not guarantee exhibitors against loss of any kind.
5. Character of Exhibits – The Hillsborough County Dental Association reserves the right to decline and prohibit any exhibit or any part of a proposed exhibit which, in its opinion, is not proper. This reservation concerns persons conduct, printed matter, souvenirs, or any other thing which, in the sole discretion of the Executive Council, may affect the character of the exhibit. Noise should be kept at an appropriate level. The Hillsborough County Dental Association will oversee and manage the "mic" time before, during and after the meeting. At no time is an exhibitor representative allowed to approach the meeting podium and address the meeting attendees – exception, the "mic" time after company introduction by an HCDA Executive Council Member.
6. Conduct of Exhibits – Exhibits should be so installed that they will not project beyond the space allowed or at a height to be objectionable to adjacent table top of display areas. No part of any exhibit or signs relating thereto shall be stapled, posted or nailed, or otherwise attached to the walls, doors, etc. in any way as to deface the same. **Damage from failure to observe these rules shall be paid by the exhibitor.** The host venue should be consulted as to the proper methods of affixing any item or material to the areas in question. No canvassing or soliciting for business shall be permitted outside the exhibitor's designated table top without permission from the HCDA. The taking of orders for future delivery is of course, acceptable. No exhibitor shall sponsor any type of contest; conduct any prize drawing or awards for signing of names and addresses without first obtaining permission from the HCDA. Unethical conduct or infraction of rules on the part of any exhibitor will subject the exhibitor to dismissal from the Exhibit area, in which cases, it is agreed that no refund shall be made by the Hillsborough County Dental Association, and further, that no demand for redress will be made by the exhibitor. **The Hillsborough County Dental Association reserves the right to locate tabletop assignments in order to develop a more efficient overall exhibitor presentation as required. Further, tabletop location may be determined by level of sponsorship as determined by the Hillsborough County Dental Association.** The HCDA reserves the right to recommend withdrawing invitation to exhibit.
7. The HCDA logo and the association's name: Hillsborough County Dental Association may not be used for any purpose without permission from the HCDA Executive Council.
8. Cancellation of Table Top – Cancellation of table top space must be made known to the Hillsborough County Dental Association in a timely manner. Exhibitor will be rescheduled for another event/meeting. Refunds will be reviewed by the Hillsborough County Dental Association on a case-to-case basis.
9. Cancellation of Exhibit Area – In the event that the exhibit area must be canceled, postponed or relocated on account of fire, strike, government regulations, casualties, Act of God, or other causes beyond the reasonable control of the Hillsborough County Dental Association, the exhibitor waives any and all damages and claim for damages, and agrees that the sole liability of the Association will be to return to each exhibitor the exhibitor's rental payment.
10. Amendment to Rules – Any and all matter or questions not specifically covered by the preceding rules and regulations shall be subject to the decision of the Hillsborough County Dental Association.

The foregoing regulations have been formulated in the best interest of all exhibitors. The cooperation of exhibitors is requested.