



Exhibitor Application

Exhibitor:

Company:

Name:

Telephone No:

Fax No:

E Mail:

Fee Paid (circle one): \$2500 or \$1500 or \$500

(\$500.00 for each Evening Meeting)
(\$1500.00 All Day Meeting)
(\$2500.00 All Day plus three Evening Meetings)

Mail payment with this form to:

DVAO
c/o Michael Weiss DDS
Suite 517
The Pavilion
Jenkintown Pa. 19046

Direct all inquiries to:

michaelaweissdds@gmail.com
phone - 267-763-1500