

# JCDF HYGIENE STUDY CLUB

## HYGIENE EXTRAVAGANZA

### AGREEMENT & PAYMENT FORM

**This form confirms the exhibitor's acceptance of the terms.**

**The exhibitor agrees to the following:**

- Provide attendees with samples and information about their products or services
- Provide a basket or item(s) to be raffled off at the end of the event
- Be in attendance at the event

**The fee of \$675.00 grants the exhibitor the following:**

- 8ft table in the exhibitor's room at the event
- Direct exposure to approximately 350 dental hygienists and all attendees will receive the list of exhibitors and the representatives contact information
- Signage or logos displayed at the event, on the event's website and various social media outlets
- A complete list of attending dental hygienists which includes their name, email address and the office they work at
- Continental breakfast and lunch included

**EXHIBITOR/ REPRESENTATIVE SIGNATURE** \_\_\_\_\_

Company/Exhibitor \_\_\_\_\_ Web Address \_\_\_\_\_

Representative Name \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

### PAYMENT INFORMATION

#### CREDIT CARD

Circle one: AMEX      DISCOVER      MASTERCARD      VISA

Name on credit card \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

#### CHECK PAYMENTS

Please make checks payable to:

**JCDF Hygiene Study Club and mail to**  
DiCesare & DiCesare ~ 240 Half Mile Rd, ~ Red Bank, NJ 07753