



Detroit Dental Review

In reviewing your company's Exhibit Contract, information was omitted that is needed. Please fill out required information and return to Detroit District Dental Society by November 2, 2009. Thank You

HOTEL ROOM RESERVATION

Each exhibit booth includes 1 sleeping room for arrival on
Thursday, November 19, 2009** with departure on Saturday, November 21, 2009

Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Office Phone _____

Arrival Date _____ Departure Date _____

_____ King _____ Double (2 beds)

Special Requests (non- smoking, handicap room, etc.) _____

** If parties indicated do not check in The Detroit Marriott Renaissance Center on
Thursday, November 19, 2009, or a previously scheduled arrival date,
room reservations **will be** cancelled.

After that date, hotel accommodations will be your responsibility.

SIGN REQUIREMENTS

Detroit District Dental Society provides each exhibitor with a complimentary standard
two-line sign (9"x44"). If a sign is not needed or will be provided by your company,
please fill in N/A.

PLEASE PRINT
