

**Idaho State  
Dental Association  
Annual Session 2026**  
Boise Centre East

**Exhibit Dates**  
June 11-12, 2026

**Exhibit Set-Up**  
Wednesday, June 10  
3:00 p.m. – 8:00 p.m.

**Exhibits Open**  
Thursday, June 11  
7:30am - 4:30 pm  
Friday, June 13  
7:30am - 3:00 pm

**Cost of Exhibit Space**  
Paid in full      Before 3/31/26    After 3/31/26  
Hallway Booth:    Available with sponsorship  
Exhibit Hall Booth: \$1,900      \$2,000

**Payment Information**  
Full payment must be submitted at the time of contract. Failure to remit payment will result in a forfeiture of reserved space. Accepted methods of payment include Visa, Mastercard, and check.  
For security reasons, please call 208-515-7541 with your credit card number.

**Advertising Order**  
Program Book  
Ad Size  
 Inside Cover Front \$700  
 Inside Cover Back \$700  
 Outside Cover Back \$750  
 Full Page \$600  
 Half Page \$350  
 Quarter Page \$200

**Assigned Exhibit Space**  
(to be completed by ISDA)  
Advertising \_\_\_\_\_  
Booth number(s) \_\_\_\_\_  
Total cost \_\_\_\_\_  
Contract received \_\_\_\_\_  
Balance rvcd date \_\_\_\_\_  
Check # \_\_\_\_\_ \$ \_\_\_\_\_

**PRECONFERENCE COMMUNICATION CONTACT**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_

**CONTACT INFORMATION FOR PROGRAM GUIDE & WEBSITE**

Company Name \_\_\_\_\_  
Company on booth signage \_\_\_\_\_  
Products/Services to be exhibited \_\_\_\_\_  
Listed Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
Website address \_\_\_\_\_  
E-mail \_\_\_\_\_

**EXHIBIT SPACE**

Name(s) of person(s) manning booth at the meeting. Maximum of 2 at one time.\*

\_\_\_\_\_

\_\_\_\_\_

**\*If you have more than 2 people who will be needing lunch please include the additional \$30 per person.**

Booth Preference (15-65)      1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Sponsored Booth Preference (1-14)    1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

We will be purchasing 2 booths

**I would like to sponsor the 2026 Annual Session at the:**

Platinum Level (\$8,000)     Gold Level (\$5,000)     Base Level (\$3,000)

Please list the top 3 things you are interested in sponsoring, 1 being most interested.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please see pg 7 & 8 of the prospectus for details.

The ISDA will contact you to finalize the sponsorship details.

**CONTRACT**

I understand that the execution of the written contract for Exhibit Space for the 2026 ISDA Annual Session represents a binding contractual commitment, not simply an option or informal reservation.

The person signing below has the authority to complete and execute this agreement and must approve any changes to this agreement. This person has read and agrees to the **Rules, Regulations, Terms & Conditions** in the 2026 Annual Session Prospectus.

Signature \_\_\_\_\_

**PAYMENT INFORMATION**

Payment in full must be received with this contract. Booth space is not reserved until payment in full is received.

Number of extra lunches needed: \_\_\_\_\_ \$40 each

**Enclosed is my check payable to ISDA**       **Credit Card payment please call 208-515-7541**  
(mail to 1220 W. Hays Street, Boise, Idaho 83702)

**ISDA to complete this section per credit card payment by phone.**

Name on Card: \_\_\_\_\_ Amount \$ \_\_\_\_\_

CC# \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

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

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