



Wyoming Dental ASSOCIATION

2025 WyDA 109th Annual Session

June 19-22, 2025

Holiday Inn Cody-Convention Center

Vendor Registration

Please join us as an exhibitor at our 109th Annual Session of the Wyoming Dental Association. Your participation is important to us and we hope you take this opportunity to show Wyoming's dental community, and all other attendees, what you have to offer. Vendors will receive up to 2 complimentary breakfast and lunch tickets for Friday, June 20th, and Saturday, June 21st. Set up will be Thursday, June 19th, starting at 2pm. Take down will be Saturday, June 21st after lunch.

**Lodging Information
Holiday Inn Cody-Convention Center
1701 Sheridan Avenue
Cody, WY 82414
307-587-5555**

Company Name: _____

Product(s) You Sell: _____

Address: _____ **City/State/ZipCode:** _____

Phone: _____ **Email:** _____

Contact Person: _____

Please list names of all representatives that will be attending/staffing your booth:

***I authorize the WyDA to charge my credit card for the amount shown below. Please print clearly.**

Total Amount: _____ **Card #** _____

Expiration Date: _____ **Security Code** _____ **ZipCode** _____

Print name as printed on the credit card: _____

Signature: _____

Email address for receipt: _____

EXHIBITOR SPACE REGISTRATION

(Please check one)

Single Booth: \$850_____

Double Booth: \$1,050_____

***Booth placement will be determined by the WyDA staff and priority given to sponsors and returning exhibitors. The exhibitor floor will hold approximately 20 vendor spaces. No space number will be assigned. Simply locate your business name plate upon setting up. Included with the registration is the cost of a standard space, a skirted 6 foot table, 2 chairs and access to electricity. Please bring any extension cords if needed.**

SPONSORSHIP OPPORTUNITIES

	<u>Co-sponsor</u>	<u>Exclusive Host</u>	<u>Total</u>
Morning Breakfast/Friday & Saturday	\$750	\$1000	_____
Morning Breaks/Friday & Saturday	\$300	\$ 600	_____
Lunches/Friday & Saturday	\$1000	\$2000	_____
Afternoon Breaks/Friday & Saturday	\$250	\$500	_____
CE Speaker Sponsorship	\$2000	\$4000	_____
Full Page Convention Book Advertisement	\$450		_____
Half Page Convention Book Advertisement	\$300		_____
Friday Night Dinner at Cody Cattle Co.	\$ 45	#of tickets_____	_____
General Sponsorship	*any amount is appreciated*		_____
TOTAL:(include booth amount)			_____

A 100% PAYMENT OF THE TOTAL COST OF SPACE MUST ACCOMPANY THIS CONTRACT FOR EXHIBIT SPACE. *a 100%payment of total cost(s) of space must accompany all applications for vendor space(s). As a vendor, we agree to indemnify and hold harmless the Wyoming Dental Association, its employees and members, as well as the management and staff of the Holiday Inn Cody all liability, which might ensue for any cause whatsoever, in connection with our exhibit and vendor space.

Signature: _____ Title: _____ Date: _____

Please email this completed form with CC payment information to wyodental@gmail.com

For any questions you can call 307-237-1186 or email the WyDA at wyodental@gmail.com



