



Wyoming Dental ASSOCIATION

2026 WyDA 110th Annual Session

June 4-7, 2026

Ramada Plaza Sheridan Hotel and Convention Center

Vendor Registration

Please join us as an exhibitor at our 110th 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. Set up will be Thursday, June 4th, starting at 2pm. Take down will be Saturday, June 6th after lunch.

Lodging and Shipping Information
Ramada Plaza Sheridan Hotel and Convention Center
1809 Sugarland Dr.
Sheridan, WY 82801
307-672-4000 Room Block Code: 060426DEN

Company Name: _____

Product(s) You Sell: _____

Address: _____ City/State/Zip Code: _____

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.
(you may also call 307-237-1186 to make a payment over the phone)

Total Amount: _____ Card # _____

Expiration Date: _____ Security Code _____ Zip Code _____

Print name as printed on the credit card: _____

Signature: _____

Email address for receipt: _____

EXHIBITOR SPACE REGISTRATION

(Please check one)

Single Booth: \$900_____ Do you need electricity?_____

Double Booth: \$1,100_____ Do you need electricity?_____

***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	\$800	\$1000	_____
Morning Breaks/Friday & Saturday	\$350	\$ 600	_____
Lunches/Friday & Saturday	\$1000	\$2000	_____
Afternoon Breaks/Friday & Saturday	\$300	\$500	_____
CE Speaker Sponsorship	\$2000	\$4000	_____
Full Page Convention Book Advertisement	\$500		_____
Half Page Convention Book Advertisement	\$350		_____
Friday Night Social at the Warehouse	\$ 50	#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



WyDA

CANCELLATION POLICY:

EXHIBITORS WISHING TO CANCEL CONTRACTED EXHIBIT SPACE MUST DO SO IN WRITING PRIOR TO EARLY REGISTRATION DEADLINE IN ORDER TO RECEIVE A FULL REFUND; LESS 15\$ PROCESSING FEE. (MAY 1, 2026)

CANCELLATIONS RECEIVED AFTER THE EARLY REGISTRATION DEADLINE AND BEFORE THE DAY OF EVENT WILL BE GRANTED A 50% REFUND; LESS 15\$ PROCESSING FEE.

CANCELLATIONS RECEIVED THE DAY OF OR AFTER THE MEETING DATE WILL BE RESPONSIBLE FOR 100% OF THE BOOTH PRICE. EXHIBITORS MUST HAVE A ZERO BALANCE WITH THE WYDA TO SET UP AND EXHIBIT.

***ALL REFUND REQUESTS SHOULD BE MADE IN WRITING AND EMAILED TO WYODENTAL@GMAIL.COM**

