A fee of $500 will entitle the exhibitor to:

- A 6' x 30" table
- Two chairs
- Recognition in Conference program and on Coalition website as an Exhibitor
- Complimentary access to all conference meals and speakers
- Complimentary Internet access

The seventh annual Missouri Oral Health Policy conference will be held at the Capitol Plaza Hotel in Jefferson City on Thursday, March 5, and Friday, March 6, 2020. This important event will help raise awareness of the oral health challenges facing Missouri, while providing a wealth of information about oral health policy.

Organizations are welcome to exhibit at the conference. This is a great opportunity to make direct contact with individuals eager to learn about new products and services. Attendees will include oral health professionals, policy makers, oral health advocates, community members interested in oral health, and representatives of safety-net clinics, local health departments and state agencies. We anticipate having approximately 130 attendees at the conference.

This is a great chance to talk with individuals, showcase existing and new products and services, and increase awareness of your organization.

Exhibits will be open from 10:00 a.m. to 7:00 p.m. on Thursday, March 5, and from 7:30 a.m. to 1:00 p.m. on Friday, March 6. The conference schedule will allow many opportunities for conference participants to visit exhibits.

Reserve your exhibit space today!
Please complete the attached form and submit with your check for $500 to:

The Missouri Coalition for Oral Health
PO Box 1432
Jefferson City, MO 65101

For additional information contact - info@oralhealthmissouri.org
2020 Missouri Oral Health Policy Conference - Exhibitor Application

A. EXHIBITOR INFORMATION

Company Name (“Exhibitor”) __________________________________________________________________________
Street Address _____________________________________________________________________________________
City/State/Zip ______________________________________________________________________________________
Company Contact & Title _____________________________________________________________________________
Email _____________________________________________________________________________________________
Phone __________________________________________  Fax  ______________________________________________

Please provide a brief description of the services offered by your company.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Names of representatives attending - Please fill in name as it is to be printed on name badge.
__________________________________________________________________________________________________
__________________________________________________________________________________________________

B. Booth Information:
The booth shall include a skirted table measuring 6’ x 30” and two chairs. Please advise if an electrical outlet will be required.

C. Payment Information:
Checks for the total exhibitor fee ($500) should be made payable to the Missouri Coalition for Oral Health. Please mail check with completed and signed application form to:

Missouri Coalition for Oral Health
PO Box 1432
Jefferson City, MO 65101
All questions can be directed to info@oralhealthmissouri.org.

D. Agreement:
Exhibitor hereby makes application for booth space at the 2020 Missouri Oral Health Policy Conference.

Please sign and return this application with your payment.

Signed  _______________________________________________________________________________________
Print Name   _______________________________________________________________________________________
Title              ____________________________________________________________________  Date  ______________
Comments/Notes ___________________________________________________________________________________