

2020 Missouri Oral Health Policy Conference - Exhibitor Benefits



You are invited
to be an Exhibitor at the
2020 Missouri Oral Health Policy Conference
Show Me Access to Health!
March 5 & March 6, 2020

CAPITOL PLAZA HOTEL
JEFFERSON CITY, MISSOURI

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 _____