**Missouri Coalition for Oral Health**
P.O. Box 1432, Jefferson City, MO 65102-1432
Email: info@oralhealthmissouri.org | Website: www.oralhealthmissouri.org

# 2027 Missouri Oral Health Policy Conference

## Exhibitor Invitation

You are invited to participate as an exhibitor at the **2027 Missouri Oral Health Policy Conference**, taking place **Thursday, March 4 – Friday, March 5, 2027**, at Capitol Plaza Hotel & Convention Center in **Jefferson City, Missouri**.

Hosted and organized by the Missouri Coalition for Oral Health (MCOH), this conference brings together oral health professionals, policymakers, advocates, and community stakeholders to address key oral health issues across Missouri.

This is an excellent opportunity to showcase your organization's products and services while gaining valuable exposure.

## Exhibitor Benefits

The **$750 exhibitor fee** includes:

- Conference registration for two attendees
- One 6' x 30" exhibit table and two chairs
- Recognition on the MCOH website as an exhibitor
- Complimentary access to all conference sessions and meals
- 2027 MCOH Organizational Membership

*Exhibit tables will be in the main conference ballroom, providing visibility and access to the attendees throughout the conference.*

## Conference Details

- **Expected Attendance:** Approximately 150 participants
- **Audience includes:** Oral health professionals, policymakers, advocates, and community stakeholders.
- **Exhibit Hours:**
  - Thursday, March 4: 10:00 a.m. – 5:00 p.m. (setup from 8-10 a.m.)
  - Friday, March 5: 8:00 a.m. – 1:00 p.m.

*The conference schedule includes dedicated time for attendees to engage with exhibitors.*

## How to Reserve Your Space

To secure your exhibit space, please complete the attached application and submit it with payment.

**Mail payment to:**
Missouri Coalition for Oral Health
P.O. Box 1432
Jefferson City, MO 65102-1432

**Checks payable to:** *Missouri Coalition for Oral Health*

For questions or to arrange online payment, contact:
**Sarah Dirksen, Operations Manager**
sdirksen@oralhealthmissouri.org

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# EXHIBITOR APPLICATION

**COMPANY NAME:** _____

**STREET ADDRESS:** _____

**CITY/STATE/ZIP:** _____

**PRIMARY CONTACT (NAME & TITLE):** _____

**EMAIL:** _____

**PHONE:** _____

**BRIEF DESCRIPTION OF PRODUCTS/SERVICES:**

| |
|---|
| |

**CONFERENCE ATTENDEES**

1. _____

2. _____

*(All attendees must also complete individual registration at www.oralhealthmissouri.org to ensure accurate name badges.)*

**LOGO SUBMISSION**

Please submit a PNG or JPG version of your company logo to sdirksen@oralhealthmissouri.org

**SIGNATURE:** _____ **DATE:** _____

**PRINTED NAME & TITLE:** _____

**Mail completed application and payment to:**
Missouri Coalition for Oral Health
PO Box 1432
Jefferson City, Missouri 65102-1432

*Checks should be made payable to: Missouri Coalition for Oral Health.*

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