Alaska Dental Society

2027 Annual Meeting

VENDOR/SPONSOR INFORMATION FORM

Company Name: _____

Contact Person(s): _____

Email Address(es): _____

Mailing Address: _____

City: _____State_____Zip Code_____

Phone: _____

Exhibitor name(s):

Vendor/Sponsorship Level

_____

Name:_____ Date:_____

Signature:_____

SCAN & RETURN COMPLETED FORM TO: INFO@AKDENTAL.ORG