



GREATER LONG ISLAND
DENTAL MEETING



TERMS AND CONDITIONS

ASSIGNMENT OF TABLE: Each exhibit space shall be assigned solely by the Committee and no such assignment shall be deemed unless and until the requisite contract for specified space, duly signed by the Exhibitor, is delivered to and accepted by the Committee. We understand that requested assignments for table space shall be honored whenever possible with the preferences indicated by each exhibitor. However, GLIDM cannot guarantee any particular space.

TERMS OF PAYMENT: Payment for selected sponsorship shall be paid on delivery of the Exhibitor's signed contract and no registration will be late than April 10, 2026.

CANCELLATION OF BOOTH SPACE: It is agreed by the exhibiting company and the Greater Long Island Dental Meeting that prior to March 1, 2026, the Exhibitor, without loss of funds, may cancel the contract. Cancellations on or after March 15, 2026 will require forfeiture of 50% of amount paid. Cancellations on or after March 15, 2026 will require

SET-UP: Exhibit space will be available for set-up on Sunday, April 26th after 6:00 am. All exhibit set-ups must be completed on Sunday, April 26th by 9:00 am. No setting up of exhibit space is allowed at any time thereafter.

DISMANTLING OF EXHIBITS: The Exhibition Hall will close on Monday, April 27th at 4:00 pm. All post-show exhibits not removed by 8:00 pm on Monday, April 27th will be removed by GLIDM at the express risk and expense to the exhibitor.

DO NOT SEND MATERIALS OR EQUIPMENT DIRECTLY TO THE HOTEL: Neither the Committee nor the Hotel shall have any liability or responsibility whatsoever for any loss or damage or destruction of any of the equipment, materials, or property shipped by the Exhibitor. If you choose to send equipment or materials directly to the hotel, safety, and collection. GLIDM will have no information or responsibility stored.

SUBLETTING OF SPACE: The Exhibitor agrees that the display will be confined to the area of space reserved; and that subletting or showing products other than those manufactured or represented by the exhibitor, are strictly prohibited.

ELECTRICAL CONNECTIONS: Your exhibit space will be supplied one (110 volt) upon your advanced request. If an Exhibitor has additional electrical or phone line needs, then the Hilton Hotel must be informed one month prior to the Meeting to make arrangements for these additional requests (a separate electrical form will be included in the Exhibitor Show Packet).

SECURITY AND INSURANCE: The Exhibitor is urged to take all precautions necessary to protect their displays and property against any damage, loss or destruction. Neither the management of the Hilton Hotel nor the Greater Long Island Dental Meeting will be responsible for the safety of the Exhibits against theft, damage by fire, accident or other causes. Although the Committee plans to provide watchmen in connection with the conduct of the exhibition, the same shall not constitute the assumption by the Committee or the Hilton Hotel of any liability or responsibility for the safety or security of the Exhibitor, their agents, representatives, employees or guests, as well as their exhibit display or property. Any exhibitor wishing to insure his personnel or goods against injury, theft, damage by fire, accident or other cause, must do so at exhibitor's own expense.

SOLICITING RELATIONS: It is forbidden to have any representatives of the company solicit their customers or attendance at any other area in the building other than their own table. Salesmen and representatives of companies not exhibiting will be prohibited from soliciting from the exhibit floor.

CIRCUMSTANCES BEYOND CONTROL: In the event that due to fire or other casualty, strikes, lockouts, construction operations, action or any condition by the Hilton Hotel, litigation, action of the elements, act of God, or other circumstances beyond the Committee's control, the Meeting is not held, the exhibition is barred, prevented or canceled, or the Exhibitor's space is not made available for its use (for reasons other than the Exhibitor's breach of default), then and in any of such events, the sole obligation of the Committee shall be to refund to the Exhibitor all sums theretofore paid to the Committee under the Exhibitor's contract, and both parties shall thereupon be deemed released of and from all further liability under said contract.

COMMITTEE: The Committee shall have the right to bar, eject and remove from the Exhibition and the area in which the same is conducted, any and all persons whom it may deem objectionable or who fail or refuse to comply with any of the Terms and Conditions stated.

THE GREATER LONG ISLAND DENTAL MEETING EXHIBITOR CONTRACT

Date _____

Please reserve exhibit space for our use at the Greater Long Island Dental Meeting being held at the Hilton Hotel in Melville, NY on April 26th & 27th on the official floor plan as requested. We understand that our use of this space is subject to the Terms and Conditions stated in this contract, which upon acceptance by the GLIDM, shall become a binding contract between the exhibitor and the Greater Long Island Dental Meeting.

Full payment is required upon delivery of this contract to GLIDM. Payment can be made by check payable to the Nassau County Dental Society or by credit card.

My signature below indicates that I agree to the terms and conditions as well as to the terms of the contract. Completed applications and payments should be forwarded to the Nassau County Dental Society 377 Oak St. Suite 204 Garden City NY 11530. Questions may be directed to either Dr. Gene Porcelli at 516-227-1112 or Mr. Bill Panzarino at 631-232-1400. You can also email us at nassau.suffolk.ed@gmail.com

Neither the Greater Long Island Dental Meeting, nor the Nassau and Suffolk County Dental Societies, and/or their representatives, nor employees of the Hilton Hotel will be responsible for any injury, loss or damage which may occur to the exhibitor or exhibitor's employees or property for any cause whatsoever. The Exhibitor, on signing this contract, expressly releases the foregoing named GLIDM, Nassau County Dental Society, Suffolk County Dental Society, the Hilton Hotel or individuals from any and all claims for such loss, damage or injury.

Please type or print the information below as it should appear on any promotional information. All information below will be used for advertising purposes. Please complete in full – thank you.

COMPANY NAME _____

ADDRESS: _____

CITY, STATE, ZIP: _____

WEBSITE: _____ TELEPHONE: _____

CONTACT PERSON: _____ TITLE: _____

EMAIL: (REQUIRED): _____ PHONE: _____

LOCAL REPRESENTATIVE: _____ PHONE: _____

TABLE # PREFERENCE: _____ 1ST _____ 2ND _____ 3RD _____ 4TH

SPONSORSHIP LEVEL (Check one): TABLE SPONSOR Wi Fi SPONSOR

SIGNATURE: _____

