



You are invited  
to be an Exhibitor at the  
**2018 Missouri Oral Health Policy Conference**  
*Winds of Change*  
**March 1 and 2, 2018**

**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 fifth annual Missouri Oral Health Policy conference will be held at the Capitol Plaza Hotel in Jefferson City on Thursday, March 1, and Friday, March 2, 2018. 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 120 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 1, and from 7:30 a.m. to 1:00 p.m. on Friday, March 2. 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**  
**213 Adams Street**  
**Jefferson City, MO 65101**

For additional information contact -

[info@oralhealthmissouri.org](mailto:info@oralhealthmissouri.org)

Phone 573.638.3816



## 2018 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:**

Nancy Kettenbrink

Missouri Coalition for Oral Health

213 Adams Street

Jefferson City, MO 65101

All questions can be directed to Nancy Kettenbrink at [nkettenbrink@oralhealthmissouri.org](mailto:nkettenbrink@oralhealthmissouri.org)

### D. Agreement:

Exhibitor hereby makes application for booth space at the 2018 Missouri Oral Health Policy Conference.

**Please sign and return this application with your payment.**

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Comments/Notes \_\_\_\_\_