

References Form

First-Time Exhibitor Status:

Please provide previous exhibition experience and references below.

Reference 1

Vendor Show/Event Name: _____

Host/Organization: _____

Contact Email: _____

Host Website: _____

Dates on Site: _____

Reference 2

Vendor Show/Event Name: _____

Host/Organization: _____

Contact Email: _____

Host Website: _____

Dates on Site: _____

Additional Information

I certify that the information provided above is accurate and complete to the best of my knowledge. I understand that the references listed may be contacted to verify my previous exhibition experience.

Business/Vendor Name: _____

Applicant Name: _____

Signature: _____

Date: _____

Mail with application to:

South Dakota Dental Association

804 N. Euclid Ave., Ste. 103

Pierre, SD 57501

or email to melissa@sddental.org