

EXHIBITOR REGISTRATION FORM

Any questions?
CONTACT:
ROXANA FUENTES
BY TEXT OR VOICEMAIL
(317)-679-2191



Association of Indiana Dental Laboratories
Meet and Greet: Friday, November 6th, 2026
Fall Meeting: Saturday, November 7th, 2026

Please fill in the data completely and correctly.

Name of Business: _____

Contact Name: _____

Telephone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Attendee: _____

Email: _____

Telephone: _____

REGISTRATION FEES:

FRIDAY, NOVEMBER 6, 2026 7PM - 9PM (INCLUDES FOOD)

MEET AND GREET: (FIESTA THEMED).....\$15.00

SATURDAY, NOVEMBER 7TH, 2026 (8:30AM-4:30PM)

FALL MEETING EXHIBITOR FEE (AIDL MEMBER).....\$450.00

FALL MEETING EXHIBITOR FEE (AIDL NON-MEMBER).....\$550.00

SATURDAY LUNCH (PER PERSON)\$20.00

TOTAL PAYMENT: \$_____

CREDIT CARD NO. _____ EXP. DATE _____ CVV _____

CARD HOLDER NAME _____ ZIP CODE ON CC BILL _____

AIDL
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We strongly encourage
payment to be made on our
online website with this QR
code

