



2017 Oregon Dental Hygiene Conference November 10-12, 2017 Sheraton, Portland Airport

Marketplace Guidelines

What is a Marketplace?

The marketplace at a professional conference provides a fundraising opportunity for student groups, component associations and other organizations. A variety of items may be offered for sale to conference participants during the marketplace session. Items offered for sale may include hand-made crafts, novelties, t-shirts, jewelry, gift baskets, etc.

Guidelines for Marketplace

1. Each marketplace space will be provided with one 6 foot covered table and two chairs.
2. Each marketplace space is limited to one group. Marketplace spaces cannot be shared by multiple groups.
3. All materials must be confined to the top of the table. Materials may not be placed on floor, in aisles or affixed to walls. Additional items may be stored in boxes under the table.
4. Items for sale must not conflict with products sold by commercial exhibitors. For example, toothbrushes and dental floss may not be sold in the marketplace.
5. Items offered for sale should not be offensive or inappropriate for a professional conference.
6. Sellers must remain with their marketplace space during the entire session.
7. Marketplace spaces should not be left unattended.
8. All materials must be removed promptly at the end of the marketplace session.
9. The conference sponsor is not responsible for missing items or money.
10. Marketplace spaces are limited based on the size of the facility. Marketplace applications will be processed in the order in which they are received.



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November 10-12, 2017
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Marketplace Application

Deadline: Thursday, October 26, 2017

Organization _____

Items to be sold _____

Contact Person _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Fax _____

Email _____

Marketplace Table Fee = \$25

Payment Information

Charge my credit card: MasterCard Visa OR Check enclosed payable to ODHA

Card Number _____ Expiration _____ Security Code _____

Billing address exactly as it appears on your bill: _____

Signature as it appears on your card: _____

Mail or fax this form with payment to ODHA office by Thursday, October 26, 2017

Mail: ODHA, 147 SE 102nd Ave., Portland, OR 97216

Fax: 503-253-9172 **Email:** info@ODHA.org

**** Keep a copy of this application form for your records ****