

Arizona DENTAL HYGIENISTS'





2025 IMPACT CONFERENCE

August 15-17, 2025 • Scottsdale, Arizona Omni Scottsdale Resort & Spa at Montelucia

EXHIBITOR PROSPECTUS

The Arizona Dental Hygienist's Association 2025 Impact Conference is THE Hygiene Event of 2025 in Arizona. This year it will take place in Scottsdale, AZ at the Omni Scottsdale Resort & Spa at Montelucia. Every year this event brings in 300 dental hygienists for outstanding education. This year we are adding well-known dentists to the program and hoping to grow the event larger than ever before. We will offer numerous times of the day with free time to visit the exhibitors and a Friday reception with the exhibitors for our attendees. This event, typically, sells out all of its exhibit space, so we encourage you to reserve early. Should you have any questions, please do not hesitate to call us at 813-444-1011 and ask for Todd Goldman.



Omni Scottsdale Resort & Spa at Montelucia

TO RESERVE YOUR ROOM Discounted Group Rate is \$149 Parking & Resort Fee are Included in Rate.



2025 SPEAKERS



Satish S. Kumar DMD, MDSc, MS



Antonia Teruel DMD, MS, PhD



Susan Wingrove BS, RDH



Caitlin Parsons RDH



Tiffany Wuebben



JoAnne Jones RDH



Deb Goldman RDH

813-444-1011 **WWW.**AZDHA.ORG



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AZDHA EXHIBITOR REGISTRATION

Table top displays must be appropriate for a professional meeting.

Registration acceptance for exhibits will be at the discretion of the Program Committee. Any exhibit sponsored activities must be provided to the AzDHA Executive Offices for prior approval. Companies may register by completing the information below. Exhibit space is limited and available on a first come, first serve basis. The form must be completed and payment received prior to the meeting date. Only one company per exhibit table.

EXHIBIT TIMES:	Exhibit Fee \$1,100.00
Friday: 7:45am – 5:00pm	Sponsor Fee \$2,500.00
3:00pm – 4:00pm Reception with Exhibitors Saturday: 9:00am – 5:30pm	
Sunday: 8:00am – 5:00pm	
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REGISTRATION OPENS MARCH 1, 2025	
Company Name:	
Company Contact:	
Email:	_Phone:
Address:	
City, State, Zip:	
Credit Card#	Exp. Date
Cardholder's Name:	3-digit Security Code:
Carholder's Billing Address:	
Cardholder's Signature:	
	following Sponsorships:
	& Pens: Lanyards:
_	Co-SponsorStudent Attendee:
As soon as we receive this form, we will follow up to confirm.	

Fill out and send to: tgoldman@amgoldman.com -OR- 15436 N Florida Avenue, Suite 102, Tampa, FL 33613
Office: 813.444.1011 • www.azdha.org