

Arizona DENTAL HYGIENIST

DENTAL HYGIENISTS'





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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





2025 SPEAKERS



Satish S. Kumar DMD, MDSc, MS



Antonia Teruel DMD, MS, PhD



Susan Wingrove



Caitlin Parsons



Tiffany Wuebben



JoAnne Jones RDH



Nancy Miller



Jeanette Lalli RDH. FADHA

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



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AZDHA EXHIBITOR REGISTRATION

DON'T WAIT TO RESERVE YOUR Table top displays must be appropriate for a professional meeting. LIMITED EXHIBITOR Registration acceptance for exhibits will be at the discretion of the Program SPACES! 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 Fee \$1,100.00 **EXHIBIT TIMES:** 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 REGISTRATION OPENS MARCH 1, 2025 Company Name: Company Contact:_____ Email:_____Phone:____ Address: City, State, Zip:_____ Payment by check is preferred; however, credit cards are accepted. Enclosed is a check for the amount of (or process our payment in the amount of) \$ Credit Card#_____ Exp. Date____ Cardholder's Name: 3-digit Security Code: Carholder's Billing Address: Cardholder's Signature:_____ I am interested in the following Sponsorships: Totebags: _____ Note Pads & Pens: ____ Lanyards: ____ Saturday Night 80's Bingo Party: Sole _____ Co-Sponsor ____Student 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