



Atlanta Artists Market @ Hinman 2025

March 20-22 at the Georgia World Congress Center, Building B

Phone (404) 231-1476 / Email: wmcgar@hinman.org

Complete and return form to Wendy McGar wmcgar@hinman.org

Artist Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Artist Booth- \$400/ 10' x 10' space

Booth includes carpet, one 6' black skirted tables, two side chairs, wifi and waste basket.

Check here if you need an electrical outlet.

Terms:

By signing this agreement, you are making a firm commitment in accordance with the corresponding rates. **An emailed signed copy of this Agreement is acceptable.** Exhibiting Artists are responsible for ensuring each other's compliance with the terms and deadlines contained herein. **Payment in full is due on or before February 15, 2025.** Payments are nonrefundable.

Exhibiting Artist agrees that the Hinman Dental Society's liability (if any), due to omissions or errors in Atlanta Artist Market listings, shall in no event exceed the amount of charges paid by Exhibiting Artist for the listing item which was omitted or in which the error occurred.

Restrictions- The Exhibits Committee reserves the right to prohibit any action by an Exhibiting Artist which is contrary to the purpose of policies of The Thomas P. Hinman Dental Meeting.

Regulations- [The rules and regulations](#) are part of the Thomas P. Hinman Dental Meeting Exhibit Hall in its entirety. The Exhibits Committee of the Thomas P. Hinman Dental Meeting reserves the right to interpret the rules and regulations and to make final decisions on any other issue which might arise that is not covered by the rules and regulations.

Indemnification and Liability Insurance- The Thomas P. Hinman Dental Meeting requires that all exhibitors carry liability coverage. If you don't have this type of insurance, you can purchase the coverage from Rainprotection by calling (800) 528-7975.

of booths requested: _____

Payment Method:

Check: _____ Credit Card: ___ Visa ___ MasterCard ___ American Express

Name (as it appears on the Credit Card): _____

Card Number: _____

CVS Code: _____ Expiration Date (mm/yr): _____

I have read and agree to the terms as set forth in this document.

By: _____ Date: _____