



**UTAH**  
**DERMATOLOGY**  
SOCIETY

## UDS 2026 Exhibitor Registration

(Return to Leah via [utahdermsociety@gmail.com](mailto:utahdermsociety@gmail.com))

**DATES:** May 1-2, 2026

**LOCATION:** Springhill Suites in Moab, Utah (1865 N Hwy 191, Moab, UT 84532)

**COMPANY NAME:** \_\_\_\_\_

**PRODUCT/SERVICE:** \_\_\_\_\_

**EXHIBITOR LEVEL:**

☐ Platinum - \$8,500      ☐ Gold - \$6,500      ☐ Silver - \$4,500      ☐ Bronze - \$2,500

**PRIMARY COMPANY CONTACT:** Please provide the name and email of a reliable contact person and/or the coordinator for your company's sponsorship

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**REPRESENTATIVES: 2 representatives are included with the exhibitor fee**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**ADDITIONAL REPRESENTATIVES: \$50 per each additional representative**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TOTAL: \_\_\_\_\_ PAYMENT METHOD\*: ☐ CHECK ☐ PAYPAL ☐ CARD

**\*PAYMENT MUST BE RECEIVED BEFORE APRIL 1, 2026 OR TABLE WILL BE FORFEITED\***

**SIGNATURE:** \_\_\_\_\_

We appreciate your continued support and look forward to another fun and informative year!