



# Will County DENTAL SOCIETY

2258 Newport Lane, Geneva, IL 60134 / P: 815-901-3436 / F: 630-232-4240  
email: info@willcountydentalsociety.org / http://www.willcountydentalsociety.org

## Meeting Sponsorship Request Form

**Expected Attendance:** 25-40 dentists, dental specialists attend each meeting

**Sponsorship Options:** **\$300 Table Sponsorship** (6:00 p.m. to 7:00 p.m.)  
You will be provided with a table during social hour (6:00 p.m. to 7:00 p.m.)  
for display and to meet with attendees

**\$400 Table Sponsorship Plus** (6:00 p.m. to 7:00 p.m.)  
You will be provided with a table during social hour (6:00 p.m. to 7:00 p.m.)  
for display and to network with attendees. Plus, you will have the opportunity to give a  
five-minute presentation to the attendees.

**Name of Your Organization** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name(s) of Representative(s) Attending** \_\_\_\_\_

We would like to sponsor the following meeting(s) at the indicated level:

**Table (\$300)**    **Table Plus (\$400)**

_____	_____	<b>September 24, 2019</b>	The Benefits of Membership and How to Recruit and Engage New Members with Eric Larson, Director of Finance, ISDS Dental Supplies and Equipment Purchasing Consortium With Rick Romensko, Founder, IndependENT Dental Solutions Bolingbrook Golf Club, 2001 Rodeo Dr., Bolingbrook
_____	_____	<b>November 26, 2019</b>	Dentistry and Sleep Apnea With Curt Ringhofer, DDS Bolingbrook Golf Club, 2001 Rodeo Dr., Bolingbrook
_____	_____	<b>January 28, 2020</b>	Keys to Lawsuit Prevention, Medical License Protection & Tax Savings With Legally Mine Representative Bolingbrook Golf Club, 2001 Rodeo Dr., Bolingbrook
_____	_____	<b>April 28, 2020</b>	A Practice Owner's Guide to the Business Side of Dentistry With Casey Hiers, Four Quadrants Advisory Companies Bolingbrook Golf Club, 2001 Rodeo Dr., Bolingbrook

Total for sponsorships: \$ \_\_\_\_\_

Representatives dining @ \$65.00 each per meeting:  
(includes one drink ticket for use during social hour) \$ \_\_\_\_\_

**Total of enclosed check or amount to be billed to credit card:** \$ \_\_\_\_\_

**For Credit Card Payment:**

Name on Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp: \_\_\_\_\_ Security Code: \_\_\_\_\_ Email Receipt to: \_\_\_\_\_

Signature: \_\_\_\_\_

Please complete and return this form, along with payment by check or credit card, to Will County Dental Society at least one week prior to the meeting you wish to sponsor. **Thank you for your participation and support!!**