



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: 15-25 dentists, dental specialists attend each meeting

Sponsorship Options:
\$300 Table Sponsorship (evening meeting)
\$400 Table Sponsorship (half-day meeting)
You will be provided with a table during the meeting for display and to meet with attendees

\$400 Table Sponsorship Plus (evening meeting)
\$500 Table Sponsorship Plus (half-day meeting)
You will be provided with a table during the meetings for display and to network with attendees. Plus, you will have the opportunity to give a five-minute presentation.

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 Table Plus

_____ (\$300)	_____ (\$400)	Tuesday, September 26, 2023 Evening Meeting 6:00 p.m. to 9:00 p.m.	Bioclear Matrix System With Zubair Ravat, Strategic Development Mgr. Hopscotch & Vine, 24047 W. Lockport Rd., Palatine
_____ (\$400)	_____ (\$500)	Friday, November 10, 2023 Half-Day Meeting 11:30 a.m. to 4:30 p.m. Social Hour 4:30 p.m.	CBCT and Implants With Mitra Sadrameli, DMD Bolingbrook Golf Club, 2001 Rodeo Drive, Bolingbrook
_____ (\$400)	_____ (\$500)	Friday, April 5, 2024 Half-Day Meeting 11:30 a.m. to 4:30 p.m. Social Hour 4:30 p.m.	Integrative Dentistry; an Insight into Occlusion, TMD, Airway and Sleep With Dewitt Wilkerson, DDS Bolingbrook Golf Club, 2001 Rodeo Drive, 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!!**