



Stark County Dental Society

c/o Stark State College 6200 Frank Avenue, NW, North Canton, OH 44720

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SPONSOR AGREEMENT

(Sponsor to fill in) ► _____ (hereinafter referred to as Sponsor) and the Stark County Dental Society (hereinafter referred to as SCDS) have entered into an agreement as follows:

Purpose

Sponsor has agreed to sponsor the following program being presented by the SCDS:

Date and Time: Tuesday, November 27, 2018
Fellowship/cash bar 6:00 pm
Dinner 6:30 pm
Program to follow

Location: Pro Football Hall of Fame
2121 George Halas Drive, Canton, OH 44708

Sponsor Setup: Check with SCDS for availability to set up afternoon of the event
 Yes, I would like a 6 ft. table
 Yes, I will need an electric outlet behind my table

Program: "Opiates in Dentistry"

Speaker: Drs. David Kimberly and Sharon Parsons

Sponsor Type:
 \$ _____ **General Membership** (\$150 plus cost of program @ \$75 pp)

Terms

Sponsor Fee is payable 30 days prior to the date of the program.

Sponsorship fees will be commensurate with projected program expenses and will vary based on the length of the program, the speaker(s), location, etc. Sponsor levels and benefits are defined in the Sponsor Guidelines which forms a part of this **Agreement:**

Sponsors will be held to the same standards of conduct and policies as established for SCDS members and as stipulated at the location of the event by the building owner/manager.

Introduction at podium: Please provide 1-2 sentences for appropriate introduction for your organization for announcements and acknowledgement of sponsors. Please provide names of representatives attending. Your organization will have two minutes mic time.

Name of Representative(s) _____ Title _____

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Company Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

E-mail _____

Enclosed is my check for full payment payable to Stark County Dental Society

Enclosed is my check for 50% payment of \$_____. I will send balance due of \$_____ 30 days prior to the event.

Charge my credit card for my sponsorship \$_____
VISA___ Mastercard___ American Express___ Discover _____

Number _____ Expiration Date _____

Sponsor Signature

Date

Stark County Dental Society
Laura J. deForest, Executive Director

Date
