



Stark County & Akron Dental Societies

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 (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: **February 27, 2019**
Registration 7:30 a.m.
“OSHA” begins 8:00 a.m. 10 am Break
“HIPAA/Cyber Security” begins 10:30 a.m.
Adjournment 12:30 p.m.

Location: **First Christian Church**
6900 Market Avenue North, Canton, OH 44721

Sponsor Setup: Check with SCDS for availability to set up afternoon before or doors will open at 7:00 a.m. on day of event
Draped 6ft. rectangular table will be available outside the auditorium

Program: “OSHA” and “HIPAA/Cyber Security” Updates

Speaker: Dr. Jenny Schnettler and Russell Howell

- **Note: Please provide 1-2 prizes from your organization. Winner(s) will be asked to retrieve door prize(s) from your table.** *Door prize examples could be a gift from your company or a \$25 gift card for dining or shopping. Your choice.*

Sponsor Type:

\$50.00 Half-Day

Yes, I need an electrical outlet

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. Please note that product-promotion material or product-specific advertisement of any type cannot be done in or during any part of the dental education lecture or activity. Advertisements and promotional materials are not permitted to be displayed or distributed in the educational space immediately before, during, or after the dental education lecture or activity. Sponsors are not permitted to engage in sales or promotional activities while in the dental education lecture hall.

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