

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 special	15-25 dentists, dental specialists, and staff		
Sponsorship Options:		\$400 Table Sponsorship (ha	 \$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		ion	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	able Table Plus				
(\$400)	(\$500) Half-[y, April 11, 2025 Day Meeting a.m. to 4:30 p.m.	Social Marketologist: Master Social Media & Video With Minal Sampat Bolingbrook Golf Club, 2001 Rodeo Drive, Bolingbrook		
Total for sponsorship:				\$	
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:					
Signature	ə:				

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!!