



# Will County DENTAL SOCIETY

2258 Newport Lane, Geneva, IL 60134 / P: 815-901-3436 / F: 630-232-4240  
email: [info@willcountydentalsociety.org](mailto:info@willcountydentalsociety.org) / <http://www.willcountydentalsociety.org>

## Meeting Sponsorship Request Form

**Expected Attendance:** 15-25 dentists, dental specialists, and staff

**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**

\_\_\_\_\_      \_\_\_\_\_      **Friday, September 20, 2024**      **Social Marketologist: Master Social Media & Video**  
(\$400)      (\$500)      Half-Day Meeting      With Minal Sampat  
11:30 a.m. to 4:30 p.m.

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: \_\_\_\_\_

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!!**