

COURSE SPONSORSHIP APPLICATION

To complete this application, please print or type the information below, or fill using Acrobat Reader. Sign and submit copy to: Chicago Dental Society, 401 N. Michigan Ave., Suite 200, Chicago, IL 60611-5585 or cmora@cds.org.

SPONSOR INFORMATION (TYPE OR PRINT)

COMPANY NAME	AGENCY (IF APPLICABLE)		
CONTACT PERSON	TITLE		
ADDRESS	CITY	STATE	ZIP
PHONE	FAX		
EMAIL (REQUIRED)			
SIGNATURE	DATE		

PAYMENT

You will be receiving an form via email from CDS to make the payment for the Course Sponsorship Package. The preferred method of payment will be by ACH. Credit Card payment will be available with a 3.5% fee. You may also pay by check.

ALL SPONSORSHIPS ARE BINDING. For complete details, please refer to the sponsorship brochure, available at www.cds.org.

SIGNATURE	DATE
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LOGO

To ensure your logo will be included in the Midwinter Meeting Printed Preliminary Program that is sent to all our members, please send this form along with your logo in the correct file format (EPS, AI or SVG) to cmora@cds.org by Aug. 22, 2024.

