

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

- Acceptable payment methods are limited to check, money order, American Express, MasterCard or Visa only.
- Make checks payable to Chicago Dental Society.
- Checks shall be drawn upon and payable in U.S. Dollars only at banks authorized to transact business in the United States.
- All contracts must be accompanied by the full payment.

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

PAYMENT METHOD

Visa MasterCard American Express Check/Money Order/ACH AMOUNT _____

CARDHOLDER'S NAME		
CARDHOLDER'S BILLING ADDRESS (ADDRESS MUST MATCH LOCATION WHERE CREDIT CARD BILL IS MAILED)	<input type="checkbox"/> SAME AS ADDRESS LISTED ABOVE	
CARD NUMBER	EXPIRATION DATE	SECURITY CODE
CARDHOLDER'S SIGNATURE	DATE	

