



Sacramento District Dental Society

SPONSORSHIP & TABLE CLINICS

EXCLUSIVE SPONSORSHIP

\$2500 or the speaker honorarium (whichever is greater)

Includes:

- Sole representation in all event materials
- Exclusive sponsorship signage at the event
- A complimentary display table
- Table tents on each table publicizing exclusive sponsorship
- Special recognition during the event
- Two complimentary meals

CO-SPONSORSHIP

\$1250 or one-half of the speaker honorarium (whichever is greater)

Includes:

- Sponsorship acknowledgement in all promotional materials
- Special recognition during the event
- A complimentary display table
- A complimentary meal for one representative at each meeting
- Additional representative registration for an additional fee (see individual registration form for fee)

Market to our Members!

A table clinic is an informal table top exhibit used to demonstrate/promote your company's products/services. Each table clinic includes one 6 ft. draped table, two chairs and I.D. signage.

Vendors may sponsor, co-sponsor and/or host a table clinic at SDDS monthly General Meetings, Continuing Education Course(s) or Member Forums. (Please see SDDS Program at a Glance for a complete list of available courses.)

EXHIBIT SET-UP TIME IS ONE HALF HOUR PRIOR TO REGISTRATION TIME

TABLE CLINICS

\$250 per meeting

Includes:

- Display table
- Complimentary meal for one representative
- Additional representative registration for an additional fee (see individual registration form for fee)

C:/Forms/TableClinicForms/SponsorshipTableClinics.indd

SEE ATTACHED PROGRAM-AT-A-GLANCE FOR PROGRAM SCHEDULE. To register, complete the information below and indicate your specific meeting preference by marking the appropriate box BELOW. Return to SDDS, 915 - 28th Street, Sacramento, CA 95816 Attn: Della Yee, fax to (916) 447-3818 or email della@sdds.org.

COMPANY NAME _____

CONTACT PERSON _____ PHONE _____

ADDRESS _____ CITY/STATE/ZIP _____

EMAIL _____ FAX _____

Check Enclosed Bill Me VISA/MASTERCARD --- EXP DATE: / **TOTAL \$** _____

SECURITY CODE ON BACK OF CARD: BILLING ADDRESS OF CREDIT CARD _____

REPRESENTATIVE NAME(S) _____ MEAL CHOICE: Meat Vegetarian

I WOULD LIKE TO SPONSOR A: GENERAL MEETING CONTINUING EDUCATION MEETING MEMBER FORUM

DATE(S) _____ (Choose Desired Date from Program at a Glance)

I WOULD LIKE TO HOST A TABLE CLINIC AT: GENERAL MEETING CONTINUING EDUCATION MEETING MEMBER FORUM

DATE(S) _____ (Choose Desired Date from Program at a Glance)

For meeting sponsorships, please provide a brief description of products/services your company provides and list all representatives attending meeting: _____

Cancellation Policy: There are no refunds for cancelled table clinics or no shows. Rescheduling to the next available meeting is acceptable upon written request (minimum of 3 days), prior to the date of the scheduled meeting.