

Northlake Dental Association

Meeting Sponsorship Agreement



DESCRIPTION OF EVENT

Northlake Dental Association hosts General Membership meetings as well as Continuing Education courses. Sponsors are welcome to participate provided the meeting/course topic is relevant to the products/services they provide.

This agreement applies to the meeting(s) held on **Date(s)**:

SPONSOR APPLICATION

Please type or print legibly

I. Sponsor Information

Name of Company

Contact Person

Mailing Address

City

State

ZIP

Area Code/Telephone Number

Area Code/Fax Number

Email Address

II. Sponsor Agreement

In order to be approved as a Sponsor of a General Membership Meeting and/or Continuing Education Course I hereby agree to the following conditions and obligations:

A. Sponsor Services

1. Live Demonstrations – General Membership Meetings

I agree to demonstrate and/or fully explain my company's products and services to attendees, and to have a representative available to answer questions prior to and following the meeting. Hours of attendance will be from 7:00pm. to 9:30pm.

Live Demonstrations – Continuing Education Courses

I agree to demonstrate and/or fully explain my company's products and services to attendees, and to have a representative available to answer questions prior to the seminar and during breaks and lunch. Hours of attendance will be from 8:00am. to 4:00pm.

2. Presentation

Immediately prior to the start of the scheduled program, as a General Membership meeting sponsor, I will have five (5) minutes to speak to the assembled group about my company's products and services.

3. Literature

I agree to provide product literature and contact information for attendees.

B. Fees

Northlake Dental Association

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1. Participation Costs

Each Sponsor is required to pay the fee listed below to participate in these events. **Payment is due with this application.** Payment of this fee entitles the Sponsor to one 3'x6' table for Monthly Meeting sponsorship. For the General Membership meetings, it includes dinner for one representative. As for the Continuing Education courses, it includes continental breakfast, beverage breaks and lunch for one representative. This fee provides recognition of the Sponsor during the opening and closing remarks. The Sponsor will also be named in publicity and advertising that is released after the fee is received.

Participation Fee for General Membership meetings: \$200

Participation Fee for Continuing Education courses: \$500

Additional Options and Charges

General Membership Meetings: Dinner for each additional company representative: **\$35 per person**
Continuing Education Courses – Continental breakfast, beverage breaks and lunch for each additional company representative: **\$95 per person**

TOTAL AMOUNT DUE WITH APPLICATION TWO WEEKS PRIOR TO MEETING

Checks made payable to: Northlake Dental Association –OR- if you prefer to pay by credit card, a link will be sent to you via email once your application has been approved by the board.

III. Other Terms and Conditions of Participation

A. Safety

Northlake Dental Association is not responsible for the safety of the Sponsor's property, equipment or materials.

B. Cancellations

The Participation Fee will be refunded by the Northlake Dental Association, if the Sponsor provides written notice of cancellation ten (10) business days prior to meeting date.

C. Contact information

All correspondence regarding this event should be sent to the following address:

Northlake Dental Association
Attn: Kathleen Brown
Post Office Box 8925
Mandeville, LA 70470
northlakeda@gmail.com

SPONSOR ACKNOWLEDGMENT

By submitting this application and appropriate payment, I agree to the terms and conditions described herein. I understand that if I fail to return this application ten (10) business days prior to the meeting date, Northlake Dental Association may not process my application and may deny my request to participate.

Signature of Authorized Company Representative

Date

Date reviewed by NDA Board: _____ Approved Denied