



Sweet Tooth Social Sponsorship Commitment Form

YES, I/my company will be a SPONSOR of the Sweet Tooth Social event hosted by Dental Connections, Inc., at the United Way of Central Iowa Building, 1111 9th St, Des Moines!

- | | | | |
|-----------------------------------|----------|------------------------------------|---------|
| <input type="checkbox"/> HERO | \$10,000 | <input type="checkbox"/> STAR | \$1,000 |
| <input type="checkbox"/> CHAMPION | \$5,000 | <input type="checkbox"/> SUPPORTER | \$500 |
| <input type="checkbox"/> ADVOCATE | \$2,500 | <input type="checkbox"/> FRIEND | \$250 |

SPONSOR INFORMATION (please print clearly)

COMPANY _____

CONTACT NAME _____

TITLE _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____

EMAIL _____

SIGNATURE _____ DATE _____

PAYMENT INFORMATION

- VISA MASTERCARD AMERICAN EXPRESS CHECK ENCLOSED (make payable to Dental Connections, Inc.)

CARDHOLDER'S NAME _____ AMOUNT TOTAL _____

CARD NUMBER _____ EXP. DATE _____

BILLING ADDRESS _____ SECURITY CODE _____

CITY _____ STATE _____ ZIP CODE _____

AUTHORIZATION: By signing this form, I confirm that I am authorized to enter into this commitment to sponsor the Sweet Tooth Social event. I agree that upon receipt of this sponsorship commitment form, this will become a binding contract.

SPONSOR SIGNATURE _____ DATE _____

DENTAL CONNECTIONS SIGNATURE _____ DATE _____

TERMS & CONDITIONS

Upon submitting the Sponsorship Commitment form to Dental Connections, the Sponsor agrees to comply with all the following terms of Sponsorship:

- Payment in full is due at the time of commitment for all sponsorships.
- Dental Connections development and/or management staff must approve all sponsorship recognition including, but not limited to, introductions, presentations, signage, handouts, and giveaways.
- Dental Connections will not be held liable for cancellations made by speakers or entertainment of sponsored events.
- No sponsorship monies will be refunded in the event of a cancellation.
- The sponsorship duration will be for one year from the date signed, during which time Dental Connections can use the Sponsor's logo for promotion and acknowledgement.
- The Sponsor agrees to provide the use of its logo and description for use in event promotion and marketing.

Fax or Email this form to 515-244-9153 (Attn: Carl) | cevans@dental515.com