**Niagara County Dental Society**  
**Sponsorship Form**  
*Thank you for supporting dental health and professional excellence in Niagara County.*

**Sponsor Information:**

* **Company/Organization Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Contact Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Title/Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsorship Opportunities:**

Please select your level of sponsorship: *Meal Included for Platinum, Gold and Silver Sponsors.*

**Platinum Sponsor – $800**

* + Premier logo placement on event materials/Tables
  + 5 min Speaking opportunity at event
  + Complimentary booth/table at event
  + Recognition on Facebook and Website

**Gold Sponsor – $500**

* + Logo on event materials and website
  + Booth/table at event
  + Recognition during event and on Facebook/Website

**Silver Sponsor – $200**

* + Logo on event signage
  + Recognition on website and Facebook

**Bronze Sponsor – $100**

* + Name listing on event signage

**Custom Donation** – $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Let us know if you have a specific desire for your Sponsorship that is not mentioned.

**Payment Method: CONTACT DR. LARRY VOLLAND TO COMPLETE PAYMENT**

Check (Payable to: *Niagara County Dental Society*)

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** elvolume@aol.com **EMAIL LOGO to**: Dr.Jackiesez@gmail.com   
**Mail to:** Niagara County Dental Society, 4538 Sharon Dr. Lockport, NY 14094

**Contact Phone:** 716-913-4274- Dr. Jackie Szczupakowski, President

**Authorized Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_