

# ANNUAL SESSION SPONSOR CONTRACT

Company Name \_\_\_\_\_

Address \_\_\_\_\_

North Dakota Tax Permit No. \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Does your booth need electricity? ☐ Yes ☐ No

Name of Representatives attending Annual Session *(Please note allowance based on Exhibitor level)*

\_\_\_\_\_  
\_\_\_\_\_

## SPONSORSHIP OPPORTUNITIES

\_\_\_\_\_ \$5,000 Platinum Level Sponsor

\_\_\_\_\_ \$2,500 Gold Level Sponsor

\_\_\_\_\_ \$1,500 Silver Level Sponsor

\_\_\_\_\_ \$750 Bronze Level Sponsor

\_\_\_\_\_ \$500 Exhibitor Level Sponsor

\_\_\_\_\_ \$2,000 President's Mixer Sponsor

\_\_\_\_\_ \$2,000 Membership Luncheon Sponsor

\_\_\_\_\_ Double Booth (add \$275)

\_\_\_\_\_ Triple Booth (add \$550)

\_\_\_\_\_ \$2,000 Kingpinz Bowling Sponsor

\_\_\_\_\_ \$100 Bowling Prize Sponsor

\_\_\_\_\_ \$200 Late Fee – After August 15, 2025

\_\_\_\_\_ \$175 Additional Advertising – Full Page ad in the Annual Session Program

\_\_\_\_\_ \$125 Additional Advertising – Half Page ad in the Annual Session Program

\_\_\_\_\_ Unable to Attend but Would Love Sponsorship Recognition *(specify amount between \$500 - \$1,000)*

\_\_\_\_\_ **TOTAL**

## KINGPINZ BOWLING REGISTRATION \$60 PER PERSON

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

\_\_\_\_\_ **TOTAL BOWLING**

\_\_\_\_\_ **GRAND TOTAL**

If you plan to have a drawing or contest at your booth, please indicate specific details in the comment field below. The NDDA will promote in the Newsletter, eUpdates and Facebook.

## Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE SEE OTHER SIDE FOR PAYMENT OPTIONS!

# PAYMENT OPTIONS

MAKE CHECKS PAYABLE AND RETURN FORM TO:

**NORTH DAKOTA DENTAL ASSOCIATION**  
**PO Box 1332**  
**Bismarck, ND 58502**



**North Dakota**  
DENTAL ASSOCIATION

## Debit Authorization Agreement

**CREDIT CARD - FULL PAYMENT:** \_\_\_\_\_ VISA \_\_\_\_\_ MASTER CARD \_\_\_\_\_ AMEX \_\_\_\_\_ DISCOVER

I authorize the NDDA to automatically debit the below credit card.

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_

*Credit Card payments are also available by contacting Camie at the Central Office. Visa, Master Card, Discover, and AmEx are all accepted.*