2024 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

- _____ \$3,500 Platinum Level Sponsor
- _____ \$2,500 Gold Level Sponsor
- ______ \$1,500 Silver Level Sponsor
- _____ \$750 Bronze Level Sponsor
- _____ \$500 Exhibitor Level Sponsor
- ______ \$350 Foyer Exhibitor Sponsor
- _____ \$2,500 Membership Luncheon Sponsor
- ______ \$1,500 Exhibitor Social Sponsor
- _____ \$2,500 Speaker Sponsor
- _____ \$100 President's Mixer Prize Sponsor
- _____ \$200 Late Fee After August 10, 2024
- ______ \$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

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



Debit Authorization Agreement

I authorize the NDDA to automatically debit the below credit card with the selected Sponsorship and/or Golf Tournament Registration fees.

Signature: _

CREDIT CARD - FULL PAYMENT:	VISA	MASTER CARD	AMEX	DISCOVER		
Name on Credit Card:						
Credit Card Number:						
Expiration Date:		CVV:				
Billing Address of Card:						
Credit Card payments are also available by contacting Camin at the Control Office Visa Master Card Discover and AmEy are all accepted						

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