2024-2025: Sponsorship Contract

Please select your sponsorship opportunity:

We understand that by signing this contract and forwarding payment, we are confirmed for participation. There will be no refunds for cancellations made less than 60 days in advance.

All fees must be paid upon confirmation of sponsorship.

Please email the form to ematlock@nvds.org
You can also fax the form to 703 750-2261 or mail to:
Northern Virginia Dental Society, 4330 Evergreen Ln, Ste N, Annandale, VA 22003-3259
Registration will be confirmed by email.

Annual Business N	leeting (9/5/24)	Filled, no lor	nger available		
TopGolf (9/26/24)	Filled, no longer	available			
Executive Commit	t ee Meeting (sel	lect preferred	dates) Filled,	no longer avo	ailable
10/8/2024 .	1/12/2024	1/7/2025 _	2/11/2025 _	4/8/2025 _	6/10/2025
New Member Orie	ntation Goody Ba	ag Fall (11/	21/24)		
New Member Orie	ntation Goody Ba	ag - Spring (4	/10/25)		
Buy/Sell Speed In	terviewing (5/1/	25)			
Shred-A-Thon (6/27/25) Filled, no longer available					
COMPANY NAME					
NAME OF CONTACT PERSON		C	ONTACT EMAIL A	DDRESS	
BUSINESS PHONE		FAX NUMBER			
NAME OF COMPANY TO BE US	ED ON MEETING AV	ERTISING MATE	ERIALS (IF DIFFERE	ENT THAN ABOV	 /E)
			•		,
SIGNATURE					