



SPONSORSHIP & ADVERTISING CONTRACT

Company Name _____
 Contact _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Email _____

SPONSORSHIPS

SPONSORSHIP COMMITMENT

METHOD OF PAYMENT

Check enclosed payable to: Massachusetts Dental Society, Exhibits Department
 MasterCard Visa American Express Amount Due: _____

 Credit Card # _____ Exp. Date _____

 Authorized Signature _____

 Name of Card Holder (please print) _____

By signing this agreement, I acknowledge our commitment for sponsorship at the 2010 Yankee Dental Congress. Companies will be responsible for payment on contracted sponsorship. No refunds will be given for cancelled reservations. Booth space will not be assigned to companies with outstanding ad and sponsorship invoices.

Payment Terms: Advance payment is required for first time advertisers. Accounts are payable within 30 days of invoice.

Advertisers who use agencies are responsible for any debts incurred by those agencies in the advertisers name. If an advertising agency defaults on payment, the advertiser will pay all costs directly to the Massachusetts Dental Society regardless of whether they have already paid the defaulting agency for the space.

By signing this agreement, I acknowledge our commitment for advertising in 2009/2010 YDC publications. Companies will be responsible for payment on contracted ad space. No refunds will be given for cancelled space reservations. Booth space will not be assigned to companies with outstanding ad and sponsorship invoices.

Signature

Date

ADVERTISING

We would like to reserve space in the following YDC Publication(s). Please indicate the position(s) you would like in each piece.

Official Program Book
Advertising Position(s)

YDC Advance Planner
Advertising Position(s)

On-site Guide
Advertising Position(s)

Pre-Registration Program Book Envelope

Pre-Registration Envelope

Specialty Mailers

MAIL COMPLETED FORM WITH PAYMENT TO:

Massachusetts Dental Society
 YDC Exhibits
 Two Willow St., Suite 200
 Southborough, MA 01745

Tel. (508) 480-9797

Fax. (508) 449-6152

Email: exhibits@massdental.org

Questions? Contact Shannon McCarthy smccarthy@massdental.org (508) 449-6052