



JANUARY 29 – JANUARY 31, 2026
BOSTON CONVENTION & EXHIBITION CENTER

Advancing Care, Enhancing



APPLICATION FOR SPONSORSHIPS AND ADVERTISING

All applications are subject to approval.

The company name as shown on this form will appear in all Yankee Dental Congress publications. Please use appropriate capitalization. Complete a separate contract for each company or division.

Contracts will not be final without deposit or payment.

Company Name _____

Publication Name (if different from above) _____

Address _____ City/State/Zip _____

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APPLY ONLINE AT
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Or Mail Completed Form with Payment to:

Massachusetts Dental Society
Yankee Exhibits
Two Willow Street
Southborough, MA 01745

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exhibits@massdental.org

Marketing/Sponsorship Contact

Name _____ Contact Title _____

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Sponsorship/Advertising Opportunities

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_____	\$ _____
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* Purchase of said sponsorship(s) gives you first right or refusal for Yankee 2027.

Total \$ _____

Method of Payment

Full Payment is required for all contracts

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☐ Credit card: Mastercard, Visa or AMEX

Card# _____ Exp. Date _____

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By providing this credit card information, I authorize the Massachusetts Dental Society to charge the above credit card.

Reach out to snadeau@massdental.org or 508.449.6032 to set up a credit card payment over the phone, or to discuss a payment plan. For your security, please do not email credit card information.

We have read and will abide by the Rules & Regulations published within the 2026 Exhibitor Prospectus (including the Cancellation Policy) and agree they are part of this contract for exhibit space. Therefore, if we wish to cancel we will notify MDS in writing; if we do so by June 27, 2025 we receive a full refund, if we do so by September 8, 2025 we receive a 50% refund, but if we give notice after September 8, 2025 we receive no refund.

SIGNATURE REQUIRED

DATE

Questions? exhibits@massdental.org • 508.449.6040