



JANUARY 28 – JANUARY 30, 2027
THOMAS M. MENINO CONVENTION & EXHIBITION CENTER

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 _____

Telephone _____ Website _____

APPLY ONLINE AT
yankeedental.com

Or Mail Completed Form with Payment to:
Massachusetts Dental Society
Yankee Exhibits
Two Willow Street
Southborough, MA 01745

Or Email to:
exhibits@massdental.org

Marketing/Sponsorship Contact

Name _____ Contact Title _____

Telephone _____ Email _____

Sponsorship/Advertising Opportunities

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total \$ _____

* Purchase of said sponsorship(s) gives you first right or refusal for Yankee 2028.

Method of Payment

Full Payment is required for all contracts

Amount Due: _____

Check enclosed payable to:
Massachusetts Dental Society Exhibits Department

Credit card: Mastercard, Visa or AMEX

Card# _____ CVC Code _____ Exp. Date: _____

Card Holder Name: _____

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

We have read and will abide by the Rules & Regulations published within the 2027 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 26, 2026 we receive a full refund, if we do so by September 4, 2026 we receive a 50% refund, but if we give notice after September 4, 2026 we receive no refund.

SIGNATURE REQUIRED

DATE

Questions? exhibits@massdental.org • 508.449.6040