

SPECIAL EVENT APPLICATION

Special Event Name: _____

Day/Date: _____ Start Time: _____ End Time: _____

Venue: _____

Company Name: _____

Booth #: _____

Contact Person: _____

Phone: _____ Email Address: _____

Small Special Events \$2,000 (0-100 registered attendees)

Medium Special Events \$3,500 (101-200 registered attendees)

Large Special Events \$5,000 (201-500 registered attendees)

All Attendee Events \$7,500 (all registered attendees)

Includes:

- Listing on the Annual Conference web site's Schedule at a Glance, online planner, and mobile app.
- Mention in the conference marketing pieces.
- Mention in the general sessions.

Attendee List Rental \$500 Check format: Email Mailing Address

Please indicate the following below:

Sponsor to coordinate their own logistics

*Request ADHA to coordinate the logistics of the event
*Includes but not limited to: securing the venue,
working with catering, DMC, securing musical talent,
manage overall budget. Sponsor to receive all invoices
and remit payment.*

TOTAL AMOUNT DUE: _____

Upon the acceptance of this Application by the American Dental Hygienists' Association (ADHA), the terms of this Application, together with the attached Meeting/Special Events Guidelines, shall become a binding agreement between Sponsor and ADHA, effective as of the date of this Application ("Agreement".) Sponsor may not cancel this sponsorship after acceptance of the Application by ADHA except for a material breach of this Agreement by ADHA that remains uncured 30 days after notice to ADHA specifying the breach.

Authorized Signature: _____

Date: _____

Payment Information

Amount:	\$ _____
Payment Type: <i>Credit Card</i>	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Credit Card #:	
Expiration Date:	
Card Holder Name	
Signature:	

Email/Mail completed form with payment to:
 Linda Griffin
 Sponsorship Consultant
 American Dental Hygienists' Association
 444 N. Michigan Ave, #400
 Chicago, IL 60611
 Phone:
 Email: LindaG@adha.net

By signing this form: I authorize ADHA to charge my credit card for the total payment due.

ADHA Use Only	Date Received _____ Approved By _____ Venue _____ Meeting Room _____ PP _____
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