



# Fox River Valley

## DENTAL SOCIETY

2258 Newport Lane, Geneva, IL 60134  
P: 630-232-4229 / F: 630-232-4240  
www.frvds.org

### **Meeting Sponsorship Form**

Name of Organization \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

\_\_\_\_\_ We would like to sponsor your upcoming meeting. Total for sponsorship: \$ \_\_\_\_\_

\_\_\_\_\_ Representatives would like to dine @ \$65.00 each: \$ \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

Name(s) of Representative Attending: \_\_\_\_\_

☐ Check payment enclosed.

☐ Payment is by credit card:

#### **For Credit Card Payment:**

Name on Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ Security Code: \_\_\_\_\_

Email Receipt to: \_\_\_\_\_

Signature: \_\_\_\_\_

Meeting: **The Proximal Mandible**  
With Stephen MacLeod, BDS  
Tuesday, April 21, 2026, 6:00 p.m.  
Mio Modo, 200 S. Second St., St. Charles

Expected Attendance: 35 to 55 dentists and dental specialists

Cost of Sponsorship: \$500.00

Cost to Attend: \$65.00 per representative (includes dinner and presentation; cash bar)

Benefits: You will be provided with a table during fellowship hour (6:00 to 7:00 p.m.) for display and networking. Your organization will be listed as a meeting sponsor in the meeting invitation. And, you will have 3 minutes of floor time to introduce yourself and your services.

Please complete and submit this form along with payment, at least one week prior to the meeting by email, fax, or postal mail.

**Thank you for your participation and support!**