



2258 Newport Lane, Geneva, IL 60134
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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: **Treatment Planning Consideration in a Full-Mouth Rehabilitations**
With Alec Zurek, DDS
Tuesday, October 21, 2025, 6:00 p.m.
St. Charles Place, 2550 E. Main 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 or postal mail.

Thank you for your participation and support!