



Sponsor Information Business Name: _____

Type of Business: _____

Contact Name: _____

Best Contact Phone: _____

Email: _____

Website: _____

How did you hear about our group? _____

Thank you for sponsoring Metro Atlanta-West, GA/East AL, Chapter of AADOM! Level of Sponsorship Chosen: _____ Platinum _____ Gold _____ Silver

Our meetings are intended to be held quarterly. Advance notice will be given to you in order to choose which meeting you would like to participate in. If you wish to speak at a meeting, we would like the topic to be informative to dental office managers. Promotional/company material may be provided at the meeting(s). Sponsorships fees are paid annually and will start on the date of payment received. A month notice will be given prior to renewal date if you would like to continue sponsoring

Payment: Check # _____ CC # _____ Exp: _____ CV: _____

Zip: _____ Name on Card: _____

Signature: _____

Mail Check to: Metro Atl-West GA study club , Attn: Heather Davis, 19 Blake Cove Douglasville, GA. 30134 Or fax application to: 678-952-4712 or email: atlwestaadom@gmail.com Please send logo to atlwestaadom@gmail.com

Sponsorship approved by Board Member: _____ on _____ Logo Received: _____

Sponsorship begin date: _____ Sponsorship end date: _____

Sponsor logo uploaded to FB _____ Metro Atl Website _____

Emailed to AADOM _____ Amount paid _____ on _____