SPONSORSHIP RENEWAL

To complete this application, please print or type the information below, or fill using Acrobat Reader. Sign and submit copy to: Chicago Dental Society, 401 N. Michigan Ave., Suite 200, Chicago, IL 60611-5585 or **exhibits@cds.org.**

SPONSOR INFORMATION (TYPE OR PRINT)

COMPANY NAME | AGENCY (IF APPLICABLE)

CONTACT PERSON | TITLE

ADDRESS | CITY | STATE | ZIP

PHONE | FAX

EMAIL (REQUIRED)

SIGNATURE | DATE

PAYMENT

- Acceptable payment methods are limited to check, money order, American Express, MasterCard or Visa only.
- Make checks payable to Chicago Dental Society.
- Checks shall be drawn upon and payable in U.S. Dollars only at banks authorized to transact business in the United States.
- All contracts must be accompanied by the full payment.

ALL SPONSORSHIPS ARE BINDING. For complete details, please refer to the sponsorship brochure, available at *www.cds.org*.

PAYMENT METHOD

◯ Visa ◯ MasterCard ◯ American Express ◯ Check/Money Order/ACH AMOUNT _____

CARDHOLDER'S NAME

CARDHOLDER'S BILLING ADDRESS (*ADDRESS MUST MATCH LOCATION WHERE CREDIT CARD BILL IS MAILED*) ☐ SAME AS ADDRESS LISTED ABOVE

CARD NUMBER | EXPIRATION DATE | SECURITY CODE

CARDHOLDER'S SIGNATURE | DATE

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