

# 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](mailto: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](http://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)	<input type="checkbox"/> SAME AS ADDRESS LISTED ABOVE	
CARD NUMBER	EXPIRATION DATE	SECURITY CODE
CARDHOLDER'S SIGNATURE	DATE	

