

The South Florida District Dental Association is the local branch of Florida and American Dental Associations. With over 1000 licensed dentist members, our district includes South Broward, Miami Dade, and Monroe Counties.

Among the many benefits, we provide to our members are continuing education programs that help to fulfill the dentist's requirements for the renewal of their dental license.

We invite companies to participate in these meetings and events as sponsors. Sponsorship affords you the opportunity to network directly with our members in attendance at these events. You may also place product information at the event. We provide a display table space where space permits.

What your sponsorship includes depending on the level you choose	Platinum + Level	Gold + Level	Silver Level	Bronze Level
SFDDA Digital Newsletter 4 issues	Full page 4X's	½ Page 2X's	¼ page 2X's	None
Logo Inclusion on SFDDA Website With Link to Sponsor website	✓	✓	✓	None
Logo and contact information Included on all Marketing of Webinars and events sponsored	✓	✓	✓	✓
<b>NEW</b> SFDDA Podcast Mention	✓ in All Episodes	✓ in 8 podcasts	✓ 4 podcast	
SFDDA Affiliate Meetings: 2 representatives If space permits a table display is allowed	✓ Exclusive representation at all affiliate meetings and events*	✓ All Affiliate Meetings*	✓ All Affiliate Meetings*	✓ 1 Affiliate Meeting or event of your choosing*
Link to your company webinars through SFDDA Website if you offer them.	✓	✓		
<b>Cost of Sponsorship</b>	<b>\$10,000</b>	<b>\$8,000</b>	<b>\$6,000</b>	<b>\$500</b>

\* Events are subject to change if social distancing and facial covering change due to CDC Covid requirements.  
+Platinum and Gold Sponsors will be automatically be included in any SFDDA Events that may be added during the fiscal year at no extra cost.

Sponsor Level: (Choose One)     Platinum \$10,000     Gold \$8,000     Silver \$6000     Bronze \$500 per event\*

If choosing the *Bronze* category please state which event: \_\_\_\_\_

All funds must be in US dollars drawn on US Banks or Credit Cards

I agree to pay full sponsorship in the amount of \$\_\_\_\_\_ at the time of signing of this agreement.

Company: \_\_\_\_\_

\_\_\_\_\_  
Name of Authorized Representative, Title

\_\_\_\_\_  
Address City St Zip Telephone

\_\_\_\_\_  
E-mail address

Payment: (Make checks payable to SFDDA) Mail to SFDDA, 420 South Dixie Highway, 2E, Coral Gables, FL 33146

Check Enclosed  
 Charge to: Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ American Express \_\_\_

Card No. \_\_\_\_\_ exp: \_\_\_\_\_ Security code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
(Authorized Signature)

If paying by credit card, you may email to [ymarrero.sfdda@gmail.com](mailto:ymarrero.sfdda@gmail.com)