

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.

| 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                                  | ✓   | ✓               | ✓               | ✓             |
| <b>NEW</b> SFDDA Podcast Mention                                       | ✓ in All Episodes                         | ✓ in 8 podcasts | ✓ 4 podcast     |               |
| Two (2) representatives can attend Table display where space permits   | ✓ Exclusive representation at all events* | ✓ 9 Events*     | ✓ 9 Events*     | Single Event* |
| 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>  |

**NEW ADD-ON:** Sponsor page and link on SFDDA Member's Only Communication Platform. Ask about this excellent way to reach our members. Cost: \$5000 in addition to initial sponsorship.

\* Events are subject to change if social distancing and facial covering change due to CDC requirements.

+Platinum Level sponsors will automatically be added to new events created throughout the year if any

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 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 by Credit Card Only – Must be charged upon signing of agreement

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

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

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

Payment can be emailed to: [ymarrero.sfdda@gmail.com](mailto:ymarrero.sfdda@gmail.com) or call to give CC information directly (305) 667-3647